



THE EXCHANGE CLUB OF CANAAN
P.O. BOX 651
CANAAN, CT 06018

2019 Scholarship Application for students from Canaan and North Canaan, Connecticut.
Deadline – May 15th
Mail to the above address.

This scholarship application award is for high school seniors.

Name _____ Age _____ Phone _____

Address _____ Town _____ Zip _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Number of children in family _____ Ages _____

Name of school presently attending _____

Address _____

Your present class _____

School attending next September:

Address _____

Major pursuing _____

Estimated cost of school per year \$ _____

Other grants/scholarships \$ _____

Parents' contribution for education \$ _____

Applicants' comments: Include activities, plans, and need for this award. Use a separate sheet of paper.

I hereby affirm that I am a legal resident of the Town of Canaan or North Canaan; that I know of no considerations which would bar me from participating in this Scholarship program; that it is my purpose to attend the college indicated above, and to maintain to the best of my ability satisfactory standards of scholarship conduct, so long as I am a student there. If I decide not to attend college next fall I plan to return this scholarship to the Exchange Club of Canaan.

Signature of Applicant _____ Date _____

I hereby affirm that I have read and do endorse this application, that all of the facts stated herein are correct and that it would be difficult for the applicant to attend the institution named above without financial assistance.

Signature of Parents _____ Date _____

_____ Date _____

To be filled in by school officials:

Scholarship Average _____ Rank No. _____ out of _____

Approved School Official _____

School _____