

TOWN OF CORINTH
Second year reapplication
MUST BE RECEIVED BY APRIL 30TH
GENEVA M. SMITH TRUST FUND
SCHOLARSHIP APPLICATION



Applicants for this scholarship must be students from the Town of Corinth, who are attending a College, Graduate School or Vocational School.

Name: _____ Date: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____

1. School which you are attending: _____

2. Planned program of study: _____

3. Years required to complete program: _____

4. Describe your work experience: _____

5. How much have you been able to save toward your post-secondary education? _____

6. Briefly explain your reasons for continuing your education and what are your plans afterwards? (Use other side if necessary) _____

I understand that any scholarship aid granted to me will be limited to the payment of **tuition only** and will be payable directly to the school where I am studying, following successful completion of a qualifying period as determined by the Selectmen and Town Treasurer of the Town of Corinth.

Signature of Applicant

