

TOWN OF CORINTH
THELMA B. FOSTER TRUST FUND
SCHOLARSHIP APPLICATION



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

Name: _____ Date: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____

High School currently attending: _____

1. School(s) to which you have applied: _____

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

