

THE GREENWOODS SCHOLARSHIP FOUNDATION  
APPLICATION FORM

(Please type or print in ink)

Date \_\_\_\_\_

Full Name \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

E-Mail Address (please don't use your high school email address) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town of Legal Residence \_\_\_\_\_ Home Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

If the income information you reported on your 2020 FAFSA does not take into account any special circumstances that would warrant further explanation, please attach a signed separate page along with any appropriate documentation. Please be assured that all information will be kept in the strictest of confidence and will be eventually shredded.

**If applicant is dependent on parents, please fill in this section**

Father's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Where Employed \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Occupation \_\_\_\_\_

Where Employed \_\_\_\_\_

**If applicant is married, please fill in this section**

Name of spouse \_\_\_\_\_

Where is applicant employed \_\_\_\_\_

Number of children and ages \_\_\_\_\_

Is spouse attending college?

Where \_\_\_\_\_

Full-time ( $\geq 12$  credits) \_\_\_\_\_ or Part-time ( $\leq 11$  credits) \_\_\_\_\_

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Name of Elementary School \_\_\_\_\_

Name of High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Do you have an EMT certification? Yes \_\_\_\_\_ No \_\_\_\_\_

Where are you currently or planning to attend college?

\_\_\_\_\_

Major \_\_\_\_\_

Full-time ( $\geq 12$  credits) \_\_\_\_\_ or Part-time ( $\leq 11$  credits) \_\_\_\_\_

Undergraduate college or Technical School grade level during 2020-21 school year \_\_\_\_\_

If not attending college in the past year, how have you been occupied? \_\_\_\_\_

What are your career plans? \_\_\_\_\_

List extra-curricular activities: include awards received, offices held, as well as, participation in athletics, clubs, and organizations.

In school \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the community \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What employment have you had? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OPTIONAL INFORMATION: If there is any information not requested by the Foundation which would expand upon your need for financial assistance or your specific accomplishments, please feel free to include this information below as a personal statement. Letters of recommendation MAY be submitted by those who know you or your family very well. This is NOT a requirement.

**By February 14, 2020, mail this application to:**

GREENWOODS SCHOLARSHIP FOUNDATION  
P.O. BOX 834  
WINSTED, Connecticut 06098

**If you receive a scholarship, you will be notified by mail in June.**