

DERRY TOWNSHIP AGRICULTURAL FAIR

"JOSEPH "SHORTY" DURIKA MEMORIAL SCHOLARSHIP APPLICATION"

Applicants Name _____

Address _____

Phone Number _____

Age as of January 1st of the current year _____

Parents or Guardian Names _____

Name of Institution you are enrolling, or enrolled in:

Beginning date _____

Your approximate date of graduation _____

Length of time you have currently been enrolled if applicable. _____

Deadline for returning application: JUNE 15th .

The information I have provided on my application is valid and true as of the date this application was filed.

Signatures:

Recipient: _____

Parent or guardian: _____