

THE CHAUNCEY B. WARNER ENDOWMENT APPLICATION

Name of Child _____ Birthdate _____
Last First

Name of Parent/Legal Guardian _____
Please Print

Mailing Address _____

Phone _____

Requested Items or Services:

DANCE CLASSES / LESSONS / ^{OR} GYMNASTICS CLASSES
^{OR} GYMNASTICS CLASSES

* Please list specific amount for each item/services and amount of weeks requested.

Name of Group/Business or Person providing the above items and/or services.

The Roxy Dance Studio / Roxanne Skeels
Address 721 Maquam Shore Rd. Swanton, VT 05488

Phone (802) 524-8545

Amount of Request \$200.00 Total \$200.00

If recommendation is available, please attach to application with person's signature, title and phone number.

Financial Information:

Number of Persons in Household _____

Total Amount of Family Income _____

Estimated Current Year

Parent/Legal Guardian Signature _____

Please note that proof of income may be required. Under penalties of perjury, the above signed certifies that the information contained therein is true and accurate to the best of the above signed's belief.

Please Mail To: Chauncey B. Warner Endowments
P.O. Box #535
St. Albans, VT 05478