TOWN OF RAYMOND 2024 APPLICATION FOR TOWN SCHOLARSHIPS

1.	Full Name:			SS#		
	Parents' Names:					
2.	2. Home Address:					
3.	Name and address of College/Tech School you will attend:					
4.	Annual Tuition:					
5.	List extracurricular school and	community activities (you	may use reverse side	e if needed)		
6.	Part-time Work Experience:					
7.	Money saved for college: \$					
8.	Annual Family Income	Under \$25,000	\$25-50,000	Over \$50,000		
9.	Number of persons in family cu	irrently dependent on parer	nt income:			
10.	Have you received any financial aid from the following sources? (please list amount in each category)					
	College: Grants:	Work Study:	Loans:	::		
11.	Please check the scholarship(s)	for which you are applying	g.			
	Alva Clough		E. Edwards Schola Vood Memorial Scl	arship Collins-Day Scholarship holarship		
12	. References: List two people, n	ot related to you, who know	w you and your fami	ily and submit letters from those people.		
	A	ame	Address	Phone #		
	BNa	me	Address	Phone #		
		no more than one 8 ½" x 1		dicate your future educational and career objective	s and	
	Please submit a transcript of you are applying with this ap		school. We only ne	eed one set of transcripts for any and all scholarshi	ps for	
The	e information I have submitted or	n this application is, to the	best of my knowled	ge, honest and correct.		
Par	rent Signature	$\overline{\mathbf{S}}$	tudent Signature			