

1st Time Applicant? _____



Evelyn K Bartenstein
Scholarship Application

22 Deer Street, Rutland, VT 05701 (802) 775-7359
Evelynsfund@comcast.net

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____

PHONE NUMBER - DAY: _____ DATE OF BIRTH: _____

PARENTS OR GUARDIANS NAME(S) (*FIRST AND LAST*)

ADDRESS: (if different than child's) _____

PHONE NUMBER - DAY: _____ EVENING: _____

REFERRED BY: _____

AGENCY: _____

ACTIVITY APPLYING FOR/ADDRESS OF ACTIVITY/START DATE

HOW DID YOU HEAR ABOUT EVELYN'S FUND?

PLEASE EXPLAIN YOUR REASONS FOR RECOMMENDING THIS CHILD FOR THIS ACTIVITY. PLEASE
PROVIDE ANY ADDITIONAL INFORMATION THAT YOU THINK MAY BE HELPFUL

RUTLAND CITY SCHOOL ATTENDING _____

Amount Requested _____ \$100 Maximum Activity Cost _____

SCHOLARSHIP AVAILABILITY DEPENDANT ON CONTRIBUTION TO THE FUND