

TOWN OF RUTLAND SCHOLARSHIP INFORMATION FOR APPLICANT

QUALIFICATIONS:

The applicant must have resided in the Town of Rutland for at least two years prior to the date of high school graduation.

SCHOLARSHIP CRITERIA:

Scholarships will be awarded based on scholastic achievement, community service, proven leadership, extra-curricular activities, and financial need. The decision of the Scholarship Committee is final.

INSTRUCTIONS:

This is a two-part application. Part 1 is to be completed by the applicant. Part 2 is to be completed by your school guidance counselor or one of your teachers. We advise you to give the Part 2 section to them as soon as possible to allow sufficient time for completion. In addition to Parts 1 and 2 we will also need a **copy of your transcript.**

AWARD INFORMATION

Scholarship awards will be paid in 2 installments, in September and January. A copy of a current tuition bill for each installment for the upcoming semester is required. Funds not claimed after 1 year from the award date are forfeited. Funds will be disbursed to the recipient directly. If you do not attend or claim the award for either semester the funds are forfeited.

DUE DATE:

Please submit your completed application Friday April 26th, 2024, by 12 noon.

The applicant or school can mail, or hand deliver the completed application to:

RUTLAND TOWN SCHOLARSHIP COMMITTEE C/O Bill Sweet - Town Administrator 181 Business Route 4 Center Rutland, VT 05736

Note: Scholarship Funds are voted on by Rutland Town residents during the Town Meeting Day election of the previous year. Thank you.

TOWN OF RUTLAND SCHOLARSHIP APPLICATION PART 1 TO BE COMPLETED BY APPLICANT PLEASE TYPE OR PRINT

	Last	First	Middle	DOB
Legal Home Add	dress:			
Number of Year	s Residing in Rutla	nd Town:		
High School Atto	ending:			
Father's Name:		Mot	ther's Name:	
Father's Employ	ver:	Mot	ther's Employer:	
Parents/Guardia	ans Total Income: _			
Parents Estimat	e FAFSA:			
Number of Brot	hers & Sisters at H	ome:		
List Your Compl	ete Employment H	istory:		
Employer	From	Mo/Yr.	To Mo/Yr.	
Savings Account	t Balance:			

education? If yes, please list:			
Number of family members attending college next year:			
Cost to parents/guardians for others at college (do not include yourself):			
Please give the reasons you need financial assistance:			
List any High School offices you have held:			
List all High School, community service and/or volunteer activities you have participated in:			

List awards and honors you have received:
Name of College / School you are attending:
Course of Study / Majors
Course of Study / Major:
Estimated Annual Cost:
Why have you chosen to continue your education at this institution?
•
What are your plans after graduation?

Is there any other information you would like to share with the scholarship committee?				
All of the information provided by me or any other the best of my knowledge.	person on Part 1 is true and complete to			
Signature:	Date:			



TOWN OF RUTLAND SCHOLARSHIP APPLICATION PART 2 TO BE COMPLETED BY GUIDANCE COUNSELOR / TEACHER

Your estimate of the applicants' probable success in college:	
Your opinion of the applicants' potential as a leader in college	/ life:
Your knowledge of the applicants' financial need:	
Knowledge of the applicants' community / volunteer service:	
Please attach an official copy of the applicants' high school tra their SAT scores, if available.	
Signature of Guidance Counselor / Teacher:	Date: