

CYRUS EATON SCHOLARSHIP ADVISORY COMMITTEE

APPLICATION FOR FINANCIAL AID

Please Check
<input type="checkbox"/> Full-time student currently in college
<input type="checkbox"/> Part-time student
<input type="checkbox"/> Graduating senior

APPLICATIONS MUST BE IN TOWN OFFICE NO LATER THAN MAY 1<sup>ST</sup>.

Please fill in all applicable information:

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Legal Residence: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Including Street and Zip)

Date of Birth: \_\_\_\_\_ Lived in Warren since: \_\_\_\_\_  
(Month and Year)

School/College and address you now attend: \_\_\_\_\_

School/College and address you expect to attend: \_\_\_\_\_

Have you been accepted Y / N (circle one)

Will this be your 1 2 3 4 Cyrus Eaton Application (circle one)

Personal Record:

Name of Father or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Number of years in Warren: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Number of years in Warren: \_\_\_\_\_

List Education Post-High School by Year:

_____	_____
_____	_____
_____	_____
_____	_____

IT IS THE INTENT OF THE COMMITTEE TO RECOMMEND AWARDS TO CANDIDATES OF THE TOWN OF WARREN WHOSE PARENTS OR LEGAL GUARDIANS WILL HAVE RESIDED IN THE TOWN OF WARREN FOR THE LAST TWO (2) FULL YEARS OF HIGH SCHOOL. ANY POST-SECONDARY SCHOOL APPLICANT WHO HAS MET THE PREVIOUS REQUIREMENTS, MUST BE A LEGAL RESIDENT OF THE TOWN OF WARREN AT LEAST ONE (1) YEAR PRIOR TO APPLICATION.