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THE OPTIMIST CLUB OF TIMONIUM EDUCATION FUND

TIMONIUM		MARYLAND
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APPLICATION FOR SCHOLARSHIP

 <p>OPTIMIST INTERNATIONAL <i>Friend of Youth</i></p>	<p>To be returned to club representative before APRIL 1st No application accepted after this date Please print or type the information required</p>	 <p>OPTIMIST INTERNATIONAL <i>Friend of Youth</i></p>
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Name of Applicant
Home Address
Date of Birth
Telephone

Name and address of each high school or preparatory school attended, with dates of attendance.

Name and address of school	Attendance Dates	
	From	To

List extracurricular activities here.

Name of college or university you plan to attend
Address of college or university
Course of study and length of course

The Foundation does not grant scholarships to married students.

Applicants who receive scholarship aid are expected to be economical in expenditures, and to apply for aid only to the amount necessary to meet minimum college expenses. Please fill in only the information requested. Additional data may be given on page 2 under the heading "Remarks".

Estimated Receipts	Amount (\$)	Estimated Minimum Expenses	Amount (\$)
Funds from parents/guardians		Tuition	
Scholarships (other than Optimist Club Education Foundation)		Board	
Loan		Room	
Other income (specify):		Subscriptions, class and other dues	
1.		Books and supplies	
2.			
3.			
4.			
TOTAL		TOTAL	
The amount of assistance needed to finance you in the coming academic year is Estimated Minimum Expenses less Estimated receipts or \$ _____			

It is my understanding that if my application is approved, I cannot transfer to a college or university other than that shown on page 1, without permission from the Foundation or risk forfeiture of the associated scholarship.

I affirm that to the best of my ability, the information given herein is correct.

Signature of Applicant _____

Date _____

The following information, to be filled in by Parent or Guardian, is for Foundation use only and will be treated as STRICTLY CONFIDENTIAL.

Name of Parent or Guardian
Home Address
Employed by
Original employment date
Position
Annual Salary (Gross before taxes)
If spouse has a separate income, specify annual amount
Annual income from all other sources

Dependant children (other than the Applicant)		
Sex	Age	Name of school (if attending)

To what extent do you have other dependants?

Additional information, which you consider necessary to be known in connection with this application, may be given under "Remarks" on page 2.

I hereby declare that I have read all the statements on this application form and that to the best of my knowledge and belief they are correct.

Signature of Parent or Guardian _____

Date _____