

Pawlet Scholarships

GUIDELINES

Applicant or their guardian must be a resident of Pawlet or West Pawlet.

Selection of recipients shall be based on a combination of potential, merit, character and financial need.

Potential, merit, and character are determined by considering the following:

- a. Performance in school
- b. Volunteer and/or work experience
- c. Realistic career and education goals

Financial need will be assessed by taking into consideration: current family income, family size, number of family members in school, unusual circumstances, or other relevant factors. A brief financial form is provided for applicants to complete.

CHECKLIST

- () 1. History: First time applicants: employment, school and community activities; Renewing applicants: employment, school and community activities since your most recent application
- () 2. Estimated financial need
- () 3. Please attach a brief (one or two paragraph) statement of your goals
- () 4. Three letters or recommendation (two for renewing applicants) from teachers, or others, such as employers
- () 5. Most recent high school or college transcript, if applicable
- () 6. A copy of any financial award notices received so far

Completed applications need to be received by June 1st, unless other arrangements have been made with the Pawlet Scholarship Committee.

**Pawlet Scholarships
P.O. Box 206
Pawlet, VT 05761**

APPLICATION

Name _____

Address _____

Phone number _____

Email address _____

Date of birth _____ Male _____ Female _____

Name of current school or program (if any) _____

Other secondary schools attended _____

Current year in school or highest grade completed _____

Anticipated college or program to be attended, and (if chosen) major field of study

Names of parents _____

HISTORY

Employment

Employer Hours/week	Dates	Position	Responsibilities
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Community and volunteer activities

School activities and honors

FINANCIAL NEED

AVAILABLE INCOME FOR SCHOOL	FUNDS NEEDED FOR SCHOOL
Outside job: _____	Tuition: _____
Campus job: _____	Room and board: _____
Student savings: _____	Books/lab fees: _____
Parent contributions: _____	Transportation: _____
Other scholarship awards: _____	Personal/other: _____
Loans: _____	
Other: _____	
TOTAL AVAILABLE INCOME: _____	TOTAL EXPENSES: _____

ESTIMATED FINANCIAL NEED for the coming year _____
 (TOTAL EXPENSES minus TOTAL AVAILABLE INCOME)

Please note any personal or family considerations that you feel the committee should be aware of as it reviews your request for assistance (attach a letter if needed).

Signature of applicant: _____
 Date: _____

ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE