

THE KILLINGWORTH FOUNDATION
P. O. BOX 621
KILLINGWORTH, CT 06419

Scholarship Application

Name: _____

Permanent Address: _____,
Killingworth, CT 06419.

Phone No.: _____ Cell Phone: _____

Age: _____

School currently attending: _____

Academic year in which scholarship is to be paid: _____

I have applied for entrance to the following institutions:

(Please indicate order of preference if accepted, or if accepted, which institution you will be attending.)

My primary field of interest at this time: _____

Please provide a brief narrative outlining your interests and activities and the number of hours per week you are engaged in these activities:

Signature of Student

Signature of Parent/Guardian

Date: _____

Please submit all applications to:

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Hand-written essay question (you may provide extra pages if necessary):

“What I like best about myself.”