



**LADY FENWICK DAR CHAPTER (1-029)*
CHESHIRE, CONNECTICUT 06410**

SCHOLARSHIP APPLICATION

NAME _____ DATE _____

ADDRESS _____

COLLEGE / UNIVERSITY PLANNING TO ATTEND _____

ADDRESS _____

FINANCIAL AID RECEIVING _____

YOUR ANNUAL COST OF SCHOOL _____

REQUIREMENTS FOR SCHOLARSHIP (please attach to this coversheet and submit by mail to: Lady Fenwick DAR Chapter Scholarship Committee, 3 Wyndemere Court, Cheshire, CT 06410) :

____ Transcript, high school or equivalent

____ References (2 Academic & 1 character)

____ Proof of US citizenship (birth certificate, passport, SS card—no originals, certified copies only)

____ Proof of Cheshire or Prospect residency

____ Essay (1 page, single spaced)

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