



# Westmore Association

## SCHOLARSHIP APPLICATION

**Purpose:** To make educational programs accessible and affordable to individuals and families across the lifespan in Westmore. The Westmore Association scholarship can be used for programs including preschool, private school, college, graduate/master's level, trade schools, continuing education, certification, etc.

**Scholarship Eligibility:** Applicants must be residents of Westmore.

**Scholarship Award Amount:** Scholarships can range from \$250-\$1,500.

To apply, the student must:

- Complete the application
- Provide proof of enrollment in an educational program

Applications must be completed and submitted to: [d Richards065@gmail.com](mailto:d Richards065@gmail.com) or mail to Westmore Association Attention Deb Richards: P.O. Box 143, Orleans, VT 05860

**Deadline for submission:** September 6<sup>th</sup>.

### APPLICATION

|                  |   |       |  |
|------------------|---|-------|--|
| Full Name        |   | Date  |  |
| Physical Address |   | Phone |  |
| Mailing Address  | <input type="checkbox"/> Same as Physical Address |       |  |
| Email            |   |       |  |

If the scholarship is for a child under the age of 18, please provide the name(s):

|                |  |
|----------------|--|
| Child (s) Name |  |
|----------------|--|

|  |                                 |                             |               |
|--|---------------------------------|-----------------------------|---------------|
| Are you a resident of Westmore   | Yes<br><input type="checkbox"/> | No <input type="checkbox"/> |               |
| Have you ever applied for a scholarship with the Westmore Association? | Yes<br><input type="checkbox"/> | No <input type="checkbox"/> | If yes, when? |

**Education**

Please provide details about the educational program where you plan to use the scholarship:

|  |   |   |  |
|--|---|---|--|
| Program/<br>Institution  |   |   |  |
| Location   | <input type="checkbox"/> Online/Virtual |   |  |
| Program<br>Start and<br>End Date   |   |   |  |
| Program<br>Cost (\$)   |   | Scholarship<br>Amount<br>Requested (\$) * |  |
| <p><i>*Please note that the scholarship award will be determined based on number of applicants, amount requested, and demonstrated need.</i></p> |   |   |  |

**Program Overview:** *Using the space below, please provide a narrative explaining the program focus, mission, major or field of study, etc. that you (or family member) are pursuing and how the scholarship would support you in achieving your educational goals (If additional space is needed, please attach additional pages and submit them along with the application).*

<https://www.westmoreassociation.org/>