

May 15 - Deadline – May 15

Pat Pallone Canaan Chamber of Commerce Scholarships

Applicant's Name: _____ DOB: _____

Local Mailing Address: _____

_____ Phone: _____

School Currently Attending: _____

GPA/Class Rank: _____

Father's/Guardian's Name and Occupation: _____

Mother's/Guardian's Name and Occupation: _____

Total Number of Persons Dependent on your Parent/Guardian: _____

Ages of Dependents: _____

Name of College/Technical School you plan to attend: _____

Expected Course of Study: _____

Estimated Annual Expenses (tuition, room & board, books, etc.) _____

*Include a paragraph recounting your academic and non-academic activities including recent employment, a brief description of your goals and, most importantly, describing your community involvement. (on separate page)

*Attach copy of transcript

The statements listed in this application are true and correct to the best of my knowledge.

Signature of Applicant: _____

Signature of Parent/Guardian: _____