Sharon Woman's Club Scholarship Application available on Sharonct.org.
Dead line April 26, 2019

The applicant must be a resident of the Town of Sharon, CT and must be a secondary school graduate at the end of the current school year. The applicant should demonstrate academic achievement, strong character and leadership qualities. The applicant must have been accepted into a program of further education or vocational-training acceptable to the Scholarship Committee and the SWC. The applicant must be interviewed by the SWC Scholarship Committee. The award will be given for one (1) year.

If you have questions, please call Kathleen Fuhr, SWC Scholarship Chairman, 860.364.4611.
1. The applicant must be a resident of the Town of Sharon, CT and must be a secondary school graduate at the end of the current school year.
2. The applicant should demonstrate academic achievement, strong character and leadership qualities.
3. The applicant must have been accepted into a program of further education or vocational training acceptable to the Scholarship Committee and the SWC.
4. The applicant must be interviewed by the SWC Scholarship Committee.
5. The award of at least $500.00 will be given for one (1) year.
6. If you have questions, please call Kathleen Fuhr, SWC Scholarship Chairman, 860.364.4611.
7. Please attach the following to your application:
   - Official school transcript
   - Teacher recommendation(s)
   - Guidance counselor recommendation
   - Extra-curricular, volunteer and/or community service activities
   - Letter of acceptance from school or program to be attended

Please print
Name ___________________________________________ Date of Birth ___/___/___
Phone# ___________________ Cell # ___________________ Email ___________________
Address ____________________________________________________________________
Name of Mother/Guardian _______________________________________________________
Name of Father/Guardian _______________________________________________________
School you plan to attend _______________________________________________________
Course of Study to be pursued ___________________________ Length of Study _______ yrs.
Signature of Applicant __________________________________________________________
Signature of Parent/Guardian ____________________________________________________

To be completed by an Official School Administrator
Administrator Name/Title _______________________________________________________
Scholastic Average ___________________ Rank number __________________ of __________

Mail to: Sharon Woman's Club Scholarship Committee, Attention: Kathleen Fuhr
        PO Box 283, Sharon, CT 06069