

HARTFORD CITY BAND, Inc.  
DOUG AND MARGARET SMITH SCHOLARSHIP  
APPLICATION FORM

Date of Application: \_\_\_\_\_

Applicant's - Name: \_\_\_\_\_

- Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Email: \_\_\_\_\_

- Age: \_\_\_\_\_

- Address: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian's Name and Address: \_\_\_\_\_

\_\_\_\_\_

Father or Guardian's Occupation: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Mother or Guardian's Occupation: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_

I am the \_\_\_\_\_ child of \_\_\_\_\_ children, whose ages are \_\_\_\_\_

High School Attended: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

HARTFORD CITY BAND, Inc.  
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APPLICATION FORM (Continued)

I am or will be attending: \_\_\_\_\_

Name of College/University

\_\_\_\_\_

Address of College/University

I am Pursuing a \_\_\_\_\_ Degree in: \_\_\_\_\_

Applicant's Employment Record (Part Time Jobs, Summer Jobs, etc.) Name(s) and Date(s) of most recent employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How are you financing your education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Scholarships and/or Grants applied for: \_\_\_\_\_

\_\_\_\_\_

Other Scholarships and/or Grants receiving: \_\_\_\_\_

\_\_\_\_\_

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APPLICATION FORM (Continued)

College/University Activities: \_\_\_\_\_

\_\_\_\_\_

Out-of-School Activities: \_\_\_\_\_

\_\_\_\_\_

Give any helpful information about circumstances that you feel warrant attention or special consideration by the Scholarship Selection Committee.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your career aspirations (Continue on the back of this form if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail this Application by **March 25th** to:

Doug and Margaret Smith Scholarship Committee 215  
E. Sumner Street  
Hartford, Wisconsin 53027