

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 15th** to:

Doug and Margaret Smith Scholarship Committee
C/O Sue Wendt
582 Sunset Drive
Hartford, Wisconsin 53027