

Chili Post 1830
Don Carpenter Memorial College Assistance Award

Application Form
(All Information will be kept strictly confidential.)

NAME _____

ADDRESS (street, city, state, zip) _____

TELEPHONE NUMBER _____

DATE OF BIRTH(month/day/year) _____

NEW YORK STATE RESIDENT: YES();NO()

FATHER'S NAME _____

OCCUPATION _____

MOTHER'S NAME _____

OCCUPATION _____

HIGH SCHOOL GRADE POINT AVERAGE _____ SAT SCORE _____

COLLEGE YOU WANT TO ATTEND _____

MAJOR COURSE OF STUDY _____

PLEASE INDICATE YOUR FINANCIAL NEED FOR THIS AWARD.

Family income will be requested only in the event of an impasse by the nominating committee.