

Town of Littleton

Commissioners of Trust Funds

**F. M. Kimball Second Scholarship Fund**

**Application**

Scholarship Background and Goal:

This fund provides scholarships to residents of the town of Littleton, who have achieved a high school degree or the equivalent, for education beyond the high school level. Awards are available not only to recent high school graduates accepted into a college program, but also to non-traditional learners pursuing studies in academics or career-related training.

Herewith, I apply for an award from the F.M. Kimball Second Scholarship Fund to be applied exclusively to the cost of the educational program to which I have made application or in which I am currently enrolled, as described below. I understand that the Awards Committee may contact me for a personal interview and may request additional documentation. Scholarship funds must be used no later than 10 months after award notification.

- 1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Home \_\_\_ Cell \_\_\_\_  
 Alternate phone \_\_\_\_\_ Home \_\_\_ Cell \_\_\_\_

- 2. How many years have you been a resident of Littleton? \_\_\_\_\_  
 (Residence requirement is a minimum of 2 years immediately preceding date of application.)

- 3 List Post-Secondary Learning sites and indicate status:

Institution/Organization	Applied	Accepted	Enrolled



8 What is the direct cost of the educational/training program for which you seek financial assistance?

Tuition & fees		\$
Books/Supplies		\$
Other (Please specify)		\$
		\$

9. Describe your anticipated financial resources to meet these expenses:

Scholarships/awards/grants \_\_\_\_\_  
 Loans \_\_\_\_\_  
 Family assistance \_\_\_\_\_  
 Personal savings \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Total \$ \_\_\_\_\_

10. To the best of my knowledge, the information supplied in this application is true and complete.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For consideration during the current year, this application must be postmarked or delivered **not later than April 1 to:**

Awards Committee  
 F.M. Kimball Second Scholarship Fund  
 Office of the Town Treasurer  
 37 Shattuck Street  
 Littleton, MA 01460

**All information received will be treated in a confidential manner.**

**You will be advised of any amount granted you from this fund not later than June 1.**