

1<sup>st</sup> Time Applicant? \_\_\_\_\_



**Evelyn K Bartenstein**  
**Scholarship Application**  
22 Deer Street, Rutland, VT 05701 (802) 775-7359  
Evelynsfund@comcast.net

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER - DAY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENTS OR GUARDIANS NAME(S) (*FIRST AND LAST*)

\_\_\_\_\_

ADDRESS: (if different than child's) \_\_\_\_\_

PHONE NUMBER - DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ACTIVITY APPLYING FOR/ADDRESS OF ACTIVITY/START DATE

\_\_\_\_\_

HOW DID YOU HEAR ABOUT EVELYN'S FUND?

\_\_\_\_\_

PLEASE EXPLAIN YOUR REASONS FOR RECOMMENDING THIS CHILD FOR THIS ACTIVITY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU THINK MAY BE HELPFUL

\_\_\_\_\_

\_\_\_\_\_

RUTLAND CITY SCHOOL ATTENDING \_\_\_\_\_

Amount Requested \_\_\_\_\_ \$100 Maximum      Activity Cost \_\_\_\_\_

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\*SCHOLARSHIP AVAILABILITY DEPENDANT ON CONTRIBUTION TO THE FUND\*