



# HILL 4-11 ASSOCIATION SCHOLARSHIP

Fill out and mail to: Ed Grabowski  
Hill 4-11 Scholarship Fund  
95 Meadow Street  
Rutland, VT 05701-4321



**Date:** \_\_\_\_\_

I am the son/daughter/grandchild\*/stepchild\*(circle one) of retired/active/deceased (circle one) member of Hill 4-11 Association listed below. **(Please print clearly.)**

Name of Hill 4-11 Member: \_\_\_\_\_

My name is: \_\_\_\_\_

My home address is: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature of parent member or spouse if member deceased: \_\_\_\_\_

Comments:

I hereby authorize and agree to the release of all information and pertinent data necessary to compete for this Scholarship.

Signed (Applicant/or parent if under 18 years of age.) \_\_\_\_\_

**\* Note: grandchildren/step-children only eligible if they are in a regular parent-child relationship.**