## Litchfield County University Club 2023 Application for Scholarship

## MUST BE RETURNED TO YOUR GUIDANCE COUNSELOR BEFORE MONDAY APRIL 17, 2023

Name	Age
Mailing Address	
Elliali	
Fother's Name & Occupation	
Mother's Name & Occupation	
Number of Other Children in Family	Ages
Other Children Attending College	
College You Now Plan to Attend	
Major (Course of Study)	
Career Plans	
REQUIRED <u>Must be received</u>	O FINANCIAL INFORMATION d at LCUC by Monday – April 24, 2023
(2021 1040 can be us	2 ONLY & STUDENT AID REPORT (SAR) – PAGES 1 AND 2 ONLY sed if 2022 not filed ) MUST BE MAILED TO: rsity Club, P.O Box 1115, New Milford, CT 06776
Estimated Funds Available for 1 st Year of College:	Expenses
Family*	Room & Roard
Summer Earnings	Tuition
Earnings in College	Tuition Books & Fees
Grants from College	
Other Scholarships	
Savings (1/4 of Total)	
Other Sources**	
**Do not include student loans.	TOTAL EXPENSES: of adjusted gross income. IF THIS IS NOT POSSIBLE, A PARENT IRS FORM. Otherwise the amount will be changed to 10%.  The attendate the college indicated above and will maintain satisfactory  The ability
Signature of applicant	
I endorse this application and affirm that all of the	facts herein are correct:
Signature of parent	
Submit this application to your school guidance counsel	lor, who will send completed forms to the University Club.
(Applicants Do Not Write In Area Below)	
	OOL RECOMMENDATION and at least one letter from a guidance counselor.
SCHOLASTIC AVERAGE	RANK IN CLASS OUT OF
COLLEGE BOARD SCORES: SAT-V	RANK IN CLASS OUT OF SAT-WRITING
Signature of School Official*	
Digitation of Delicor Official	