THE GREENWOODS SCHOLARSHIP FOUNDATION APPLICATION FORM

(Please type or print in ink)

Date	
Full Name	Single Married
E-Mail Address (please don't use your high school	email address)
Mailing Address	
Town of Legal Residence	Telephone (cell is preferred)
Date of Birth	_
	25 FAFSA does not take into account any special circumstances that would warrant page along with any appropriate documentation. Please be assured that all ace and will be eventually shredded.
If applicant is dependent on parents, please fill i	n this section
Father's Name	LivingDeceased
Address	Home Telephone
Occupation	
Where Employed	
Mother's Name	LivingDeceased
Address	Home Telephone
Occupation	
Where Employed	
If applicant is married, please fill in this section Name of spouse	
Where is applicant employed	
Number of children and ages	
Is spouse attending college?	
Where	
Full-time (≥ 12 credits) or Part-t	ime (≤ 11 credits)
***************	******************
Name of Elementary School	
Name of High School	Year of HS Graduation
Do you have an EMT certification? Yes N	lo
Are you or anyone in your immediate family a mer	mber of the Winsted Fire Dept? Who?
Where are you currently or planning to attend colle	ege?
Major	
Full-time (≥ 12 credits) or Part-t	ime (≤ 11 credits)
Undergraduate college or Trade School grade lev	el during 2025-26 school year
What are your career plans?	

While in college, list current extra-curricular activities: offices held, participation in athletics, clubs, and organizations. If you had any circumstances where you couldn't participate in extra-curricular activities, please tell us why.
In school (please include dates)
In the community (please include dates)

List any school and/or community awards you received (please include dates)
What employment have you had? (please include dates)

OPTIONAL INFORMATION: If there is any information not requested by the Foundation which would expand upon your need for financial assistance or your specific accomplishments, please feel free to include this information below as a personal statement.

Letters of recommendation may be submitted by those who know you or your family very well. This is NOT a requirement.

By March 7, 2025, mail this application to:

GREENWOODS SCHOLARSHIP FOUNDATION
P.O. BOX 834
WINSTED, Connecticut 06098

If you receive a scholarship, you will be notified by mail in June.