

The William H. Chapman Foundation
Post Office Box 1321
New London, CT 06320
chapmanfoundatio@yahoo.com

RENEWAL OF APPLICATION FOR SCHOLARSHIP

IMPORTANT INSTRUCTIONS:

Application closing date: **April 1, 2019**

An application must be submitted each year that financial aid is desired.

*Photo copies of the front page of the parents' AND student's 2018 Federal Income Tax Form (1040 or 1040A) **OR** a full copy of the Financial Aid Form (FAFSA) for 2019 must accompany all applications to the William H. Chapman Foundation.*

A transcript of grades from the fall semester 2019 must be submitted to the Chapman Foundation. Your application will not be considered complete until fall semester transcript has been received.

It is your responsibility to make sure all parts of your application are submitted by the April 1st deadline. Incomplete applications will not be considered.

Please mail your application to Chapman Foundation, POB 1321, New London, CT 06320 by April 1, 2019.

Student School ID _____

Name of Applicant _____ Last four numbers of Social Security _ _ _ _

Home Address _____

Street

City

Zipcode

Telephone _____ Email Address _____

Name of College Presently Attending _____

Name of school you will be attending during application year _____

Location _____ Graduation year _____

Resources

savings _____

Personal earnings from
summer work (expected) _____

Assistance from parents
Relatives or friends _____

Financial Aid expected _____

Other _____

Total _____

Expenses

Tuition _____

College fees _____

Room and Board _____

Books _____

Travel and Personal _____

Other _____

Total _____

How many family members will be attending college during the application year?

Full time? _____ Part time? _____

Student signature _____ Date _____

Certificate to be signed by parent or guardian:

I hereby declare that I have read all the foregoing statements including those relative to the applicant's family or other personal resources and that, to the best of my knowledge and belief, they are correct.

Signature _____ Date _____