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Kiwanis Club of Sheffield – Driver's Ed Scholarship Application Deadlines May 1st and December 1st annually

Student's Name: Last:	First:	
Date of Birth:		
Street Address:	Town of Residence:	Zip:
Mailing Address (if different):		
Phone:	_ Email:	
Parent/Guardian Name:	Address:	
Number of siblings ages of sibling	gsSchool that you currently	attend
We affirm that the information containe	d in this application is correct.	
Student's Signature:	Date:	
Parent/Guardian Signature:	Date:	
PLEASE NOTE: This scholarship is for the class time por their class schedule and availability.	rtion of the Driver's Ed Class provided by Dav	re's Driving School and is subject to
New Marlborough, Sheffield, Stockbrid attend Monument Mountain Regional H are eligible to apply if they live within the	eld Kiwanis: Alford, Egremont, Great Barring ge, West Stockbridge, and students who resid- igh School. Students enrolled in private high ne BHRSD & SBRSD districts 11 towns listed tending BHRHS or SBRSD residing outside the	e in Sandisfield or Richmond if they schools and home-schooled student I above and meet all other
	ailable to start classes with Dave's Driving Scool to schedule your classes within 6 months of	
*Applicant must include a brief descript organizations you have volunteered for.	ion of school or community activities you have	we participated in and/or

All information is confidential and seen by only the scholarship chairman.

Please note any special circumstances you wish the Committee to consider that may influence their decision.

Mail completed application to Sheffield Kiwanis, Attn: Driver's Ed Scholarship, PO Box 683, Sheffield, MA 01257 or email to Annie Rand <u>alrand651@gmail.com</u>. Questions? 860-782-1282.

*A copy of the Front Page of parent's/guardians' most recent Federal Income tax return must be included (Form 1040 or