



**Ruth A. Shultz Scholarship Fund**

**Connecticut Residents Only – Must be Majoring in Education**

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First	Middle	Last Name	SSI #	Telephone Number
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Cost of Room and Board \$ \_\_\_\_\_ Funds Available (list sources):

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Cost of Tuition \$ \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

Amount Requesting \$ \_\_\_\_\_

**Other Scholarships Applying For:**

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**Financial Aid Packages Applying For:**

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**Scholarships Received Last Year (Source and Amount):**

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**I hereby certify that I am a resident of the STATE OF CONNECTICUT, that I know of no consideration which would bar me from participation in this Trust Scholarship Fund, that it is my purpose to attend the institution indicated above and to maintain to the best of my ability satisfactory standards of scholarship as long as I am a student. I understand that any scholarship which I may receive must be paid directly to the school of my choice as payment toward my tuition.**

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**Signature of Applicant**

**Confidential Financial Information:**

Sources of income for year ended \_\_\_\_\_, 20\_\_\_\_,

	<u>Applicant</u>	<u>Mother</u>	<u>Father</u>
Salary, Bonuses, Commissions	_____	_____	_____
Dividends, Interest	_____	_____	_____
Real Estate Income	_____	_____	_____
Other Income	_____	_____	_____
TOTAL:	_____	_____	_____

Please indicate the amount of tuition, room and board parents will be able to pay for the applicant \$ \_\_\_\_\_

Please list all additional dependents who are currently in school or colleges:

<u>Name</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**DIRECTIONS:**

All students applying for this scholarship must submit a letter explaining career objectives and extracurricular activities. You may also include any information you feel might help the Scholarship Committee.

**COLLEGE:** Students are requested to send a copy of their latest “official” transcript of grades to the Committee.

A copy of your parents’ and your latest income tax return must be submitted.

Please return applications and all exhibits to address on page 3 no later than May 1st.

**HIGH SCHOOL:** Students are requested to have page 3 filled in by the proper school officials.

A copy of your parents’ and your latest income tax return must be submitted.

Please return applications and all exhibits to address on page 3 no later than May 1st.

**IF ANY OF THE ABOVE ITEMS ARE MISSING, YOUR APPLICATION WILL NOT BE CONSIDERED.**

Name of Applicant \_\_\_\_\_

Name of High School \_\_\_\_\_

Student Average \_\_\_\_\_

Rank Number/Out of \_\_\_\_\_

SAT Score \_\_\_\_\_

Approved by School Official \_\_\_\_\_

Title \_\_\_\_\_

Please Return to:  
Connecticut Education Foundation  
c/o Shannon Waxenberg  
21 Oak Street, Suite 500  
Hartford, CT 06106