

# ABRAHAM SHAPIRO MEMORIAL SCHOLARSHIP

**CRITERIA:** The applicant must:

- Be a Vermont Resident
- Have a demonstrated financial need

**ESSAY REQUIRED:** Please attach a brief explanation of what your overall educational and professional goals are. You may include a description of awards and honors you have received, and community service, employment, or other significant activities in which you have been involved with recently that you would like the scholarship committee to take into consideration.

**AMOUNT:**

- The amount of this award can be up to \$1,000

Name: _____ SS# _____
Student Type: <input type="checkbox"/> New <input type="checkbox"/> Returning
Academic Major: _____ Current GPA _____
Address: _____ _____
email: _____
Have you filed the Free Application for Federal Student Aid (FAFSA)? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date Filed: _____

**APPLICATION DEADLINE:** March 15

**PLEASE RETURN COMPLETED FORM AND ESSAY TO:**



**Financial Aid Office  
P.O. Box 500  
Randolph Center, VT 05061**

**Questions:** Call, 800.965.8790, or email [finaid@vtc.edu](mailto:finaid@vtc.edu)

Office Use Only: <b>TSHAP</b> <input type="checkbox"/> END <input checked="" type="checkbox"/> ASC <input type="checkbox"/> QE <input checked="" type="checkbox"/> IHS <input type="checkbox"/> MAS      F
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