

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: _____ Student ID# _____
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 15th.

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

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