

Samantha C. Smith Fund

Scholarship Application

Scholarship Applying For:

Educational Scholarship

Hockey Scholarship

Name: _____

Street Address: _____

Home Phone: (____) _____

Alt Phone: (____) _____

E-mail: _____

Date of Birth: _____ Gender: M F

Grade Point
Average: _____

Applicant Signature

Date

Parent / Guardian

Date

Mail completed application and essays to:

SCS Foundation
PO Box 761
Auburn, NH 03032