

NORTH SMITHFIELD GREAT PUMPKIN FESTIVAL SCHOLARSHIP APPLICATION

Please complete this application, and return it to the PumpkinFest Committee, BY MAY 1st to be considered for this year's scholarship. Please return your application to the PumpkinFest Scholarship Committee, NS Town Hall, P. O. Box 248, Slatersville, RI 02876 or email to NS.PumpkinFest@gmail.com.

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Name of High School _____

School Address _____

City _____ State _____ Zip _____

Honors/Awards: _____

School Activities/Leadership Positions: _____

Special Interests, Hobbies, etc.: _____

In 500 words or less, describe your higher education goals. How will achieving these goals benefit the community?

Class Rank	SAT/ACT	GPA

All information given is accurate and valid to the best of my knowledge.

Signature of Applicant

Date

Signature of Parent

Date

Signature of Coach, Teacher or Other School Official

Date

OPTIONAL: You may attach any other supporting materials that will help the committee learn more about your commitment to education.