NORTH SMITHFIELD GREAT PUMPKIN FESTIVAL SCHOLARSHIP CLAIM FORM

Please complete this scholarship claim form, attach your college transcript and return it to the PumpkinFest Committee, for payment. Please mail to the PumpkinFest Scholarship Committee, NS Town Hall, P. O. Box 248, Slatersville, RI 02876.

Name_____

Home Address _____

City_____State _____Zip _____

Phone ( )_____Email _____

Mailing Address _____

City_____State _____Zip _____

Name of Continuing Education Institution _____

School Address_____

City_____State _____Zip _____

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

_____ _____

Signature of Applicant Date

_____ _____

Signature of NSHS Guidance Official Date

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To Be Completed by PumpkinFest Committee:

Received Date _____

_____ _____

Signature of PumpkinFest Committee Member Date

Town Hall – Attn: PumpkinFest Committee – P.O. Box 248, Slatersville, RI 02876