

THE SUSAN FUND INC.

GOALS: Write a statement of your educational or career goals.

Anticipated educational expenses for the coming year:

Tuition: _____
 Room: _____
 Board: _____
 Books: _____
 Supplies: _____
 Travel: _____
 Total: _____ (A)

Amount of financial support you expect from:

Parents: _____
 Relatives: _____
 Scholarships: _____
 Loans: _____
 Self: _____
 Other: _____
 Total: _____ (B)

*Note: Anticipated Expenses (A) Must Equal Financial Support (B)

If you are currently attending college, please complete the following.

Total educational cost for the 2016-2017 _____

Amount of financial support received from:

Parents/Relatives: _____
 Scholarships/Grants: _____
 Loans: _____
 Self: _____
 Other: _____
 Total: _____

Total amount of loans outstanding: _____

THE SUSAN FUND, INC.

2017

Describe your work and volunteer experience over the past 12 months. Please use a separate sheet of paper if necessary.

Describe your family's financial circumstances:

MEDICAL INFORMATION: Please explain the nature of your illness.

If you are a first time applicant, you must submit a statement from your doctor describing the nature of your illness. Past recipients are encouraged to submit a current doctor's statement.

You or your parents are encouraged to include any additional pertinent data in support of your application. (Please attach.)

How did you become aware of The Susan Fund scholarship program?

THE SUSAN FUND, INC.

Please attach a recent photo
of yourself in this space.

Applicant's Signature

Date

PUBLICITY AUTHORIZATION

The recipient of a Susan Fund scholarship understands that receiving such a grant may result in publicity, and hereby authorizes The Susan Fund to publicize or use the recipient's name and/or photograph, now or in the future, in promotional material involving The Susan Fund.

The recipient hereby releases and holds harmless The Susan Fund and its Board of directors from any and all liabilities, damages or claims of any kind resulting from the use, distribution of disclosure of the recipient's name and/or photograph or other information regarding the recipient.

Recipient

Date

Checklist of items to be included in application

- Completed application form
- Most recent school transcript from high school or college
- Current Letter of recommendation from employer or school authority
- Medical statement from doctor (first time applicant)
- Signed publicity release
- Recent photograph

Send or email completed application, postmarked no later than April 1, 2017 to:

Mrs. Kelly Frey Pollard
117 Imperial Ave
Westport, CT 06880
(203) 226-9206
email: susanfund@gmail.com