



VERNON PUBLIC SCHOOLS

30 Park Street • P.O. Box 600

Vernon, CT 06066-0600

Fax (860) 870-6008

Website: www.vernonpublicschools.org

Scholarship Establishment Request

Thank you for your interest in establishing a scholarship with Vernon Public Schools. Please complete this form and return to:

ATTN: Business Office - Scholarships
Vernon Board of Education
30 Park Street
Vernon, CT 06066

If you wish to have Vernon Public Schools maintain the funds for this scholarship, please include a check made payable to ***Vernon Public Schools*** (minimum required: amount of award).

Name of Scholarship: _____
(Example: John Smith Memorial Scholarship)

Name of VPS School (where award will be given): _____

Background Information (as to why scholarship is being established):

(Attach an additional sheet, if necessary)

Scholarship Benefactor (person who is establishing the scholarship):

Name: _____

Address: _____

Phone number(s): _____

Email address: _____

Scholarship amount: _____

(Minimum \$400; less than \$400 will be considered an award and no application will be used)

Please check one:

_____ Offered one year only

_____ Offered annually

Scholarship payable to (check one):

The Vernon Public Schools, in partnership with family and community, is committed to provide a quality education, with high expectations, in a safe environment where all students become independent learners and productive contributors to society.

_____ Student
_____ College or University

Eligibility requirements: _____

(Attach an additional sheet, if necessary)

Scholarship available to (check one):

- _____ Students attending Vernon Public Schools
_____ Students and Vernon residents attending private schools

Selection of recipient (check one):

- _____ Selection to be made by the School's Scholarship Committee
_____ Selection to be made by a School department
(specify department): _____)
_____ Selection to be made by scholarship benefactor

Scholarship maintenance (check one):

- _____ Scholarship to be maintained by the benefactor
_____ Scholarship to be maintained by Vernon Board of Education

Depletion of Funds: Upon depletion of the scholarship balance to an amount less than the specified award, it is my wish that the remaining funds are:

Dormant Account: I understand that, should this scholarship account remain dormant for a period of 4 years, the Vernon Board of Education reserves the right to move the funds to a scholarship account of their choosing.

Signature of Donor

Printed Name of Donor

Date

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