## **Litchfield County University Club**

2024 Application for Scholarship
MUST BE RETURNED TO YOUR GUIDANCE COUNSELOR BEFORE MONDAY APRIL 15, 2024

Name			Age
Mailing Address			
Eman			
Home/Cell Telephone Nun	nber		
Father's Name & Occupati	ion		
Momer's Name & Occupa	uon		
Number of Other Children	III I allilly	Agus	
Other Children Attending	College as undergradua	ates	
College You Now Plan to	Attend		
Major (Course of Study) _			
Career Plans			
	•	INANCIAL INFORMA	
	•	<u>t LCUC by Monday – April</u>	
		_	d if 2023 not filed ) and Student Aid
Report(SAR) – pages 1 an	d 2 only must be MAI	LED to: Litchfield County	University Club, P.O. Box 1115, New
Milford, CT 06776			
Estimated Funds Available	for 1st Year of Colleg		
Family*		Room & E	Board
Summer Earnings		Tuition	
Earnings in College		Books & I	
Grants from College			
Other Scholarships			
Savings (1/4 of Total)			
Other Sources**			
TOTAL:	<u> </u>	TOTAL EX	PENSES:
			ne. IF THIS IS NOT POSSIBLE, A
STATEMENT MUST BE MAILED WITH THE PARENT IRS FORM. Otherwise the amount will be changed to			
10%.			
**Do not include student l	oans.		
I am a legal resident of and will gradute from a high school in Litchfield County. I plan to attend the college			
indicated above and will m	iaintain satisfactory sta	andards of scholarship and	conduct to the best of my ability.
			_
Signature of applicant			
I endorse this application a	and affirm that all of th	e facts herein are correct:	
· <del></del>			
Signature of parent			
Submit this application to y	our school guidance co	unselor, who will send com	pleted forms to the University Club.
	T DECOMMENDATE	NI (A multiple of the 1	
		N (Applicants do not write	
	•	l at least one letter from a gu	
			OUT OF
COLLEGE BOARD SCOR	ES: SAT-V	SAT-M	SAT-WRITING

Signature of School Official\*