



CONNECTICUT PARKS ASSOCIATION INC.

DENNIS MALONE MEMORIAL SCHOLARSHIP

APPLICATION

NAME _____ PHONE _____

ADDRESS _____ ZIP _____

High School
Attended _____

Grade Point Average _____ Class Rank _____
(enclose transcript)

I have applied to these colleges:
(list in order of preference)

Accepted or planning to attend? Intended course of study

_____	_____
_____	_____
_____	_____
_____	_____

I have already been awarded scholarship aid from these sources: (list amounts)

I expect to finance my first year of college in the following manner:

Personal savings: _____

Other: _____

I expect to earn this summer: _____

Does your family have any unusual financial burdens or responsibilities at present (i.e. extensive illness?)
If so, please explain:

Has your family had any unusual financial burdens or responsibilities in the past five years?
If so, please explain:

Father's occupation and title: _____

Employed by: _____ Years with firm: _____

Mother's occupation and title: _____

Employed by: _____ Years with firm: _____

Please check the range of family gross income:

- | | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$30,000-\$34,000 | <input type="checkbox"/> \$50,000-\$59,999 | <input type="checkbox"/> \$80,000-\$89,999 |
| <input type="checkbox"/> \$10,000-\$19,999 | <input type="checkbox"/> \$35,000-\$39,999 | <input type="checkbox"/> \$60,000-\$69,999 | <input type="checkbox"/> \$90,000-\$99,999 |
| <input type="checkbox"/> \$20,000-\$24,999 | <input type="checkbox"/> \$40,000-\$49,999 | <input type="checkbox"/> \$70,000-\$79,999 | <input type="checkbox"/> \$100,000 or over |
| <input type="checkbox"/> \$25,000-\$29,999 | | | |

Student Activities: (school and/or community) Please attach your resume.

Student Employment:

Employer

#1: _____

Brief description of
duties: _____

Hours worked: _____ Days per week: _____ Dates of
employment: _____

Employer #2 (if any):

Brief description of
duties: _____

Hours worked: _____ Days per week: _____ Dates of
employment: _____

I know and approve of this application by my son/daughter for one of the scholarships.

Signature : _____

Print name: _____

Date: _____

Additional comments that will aid the scholarship committee:

Please list three individuals, other than family, who can provide references as to your character and abilities:

Name	Title	Address	Phone
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Please attach a brief essay about the course of study you will be in, how you chose it, and what career goals you have.