APPLICATION FOR CONSIDERATION

**FAIRFIELD COUNTY TAX COLLECTORS’ ASSOCIATION ANNUAL SCHOLARSHIP**

# SUBMISSION INFORMATION

**RETURN APPLICATION FORM AND ESSAY TO:**

**KATHLEEN LARKINS, CCMC**

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# DEADLINE FOR SUBMISSION: APRIL 15, 2019

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CONTACT PERSON AT HIGH SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON’S TITLE/POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER OF CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY SUBMITTING THIS APPLICATION, I HEREBY REQUEST CONSIDERATION FOR THE ANNUAL SCHOLARSHIP AWARDED BY THE FAIRFIELD COUNTY TAX COLLECTORS’ ASSOCIATION. I UNDERSTAND THE BASIS FOR THE AWARD OF THIS SCHOLARSHIP, AND THAT THE DECISION OF THE SCHOLARSHIP COMMITTEE IS FINAL.

**I HEREBY ATTEST THAT I AM:**

* A RESIDENT OF FAIRFIELD COUNTY, CONNECTICUT
* A SENIOR IN HIGH SCHOOL
* PLANNING ON CONTINUING MY EDUCATION
* IN GOOD STANDING AT SCHOOL (NOT UNDER SUSPENSION OR PROBATION FOR ACADEMIC OR DISCIPLINARY REASONS)
* NOT DELINQUENT IN PROPERTY TAXES TO THE CITY OR TOWN IN WHICH I RESIDE

I HEREBY SUBMIT AS MY OWN WORK THE ATTACHED ESSAY ON **“HOW STATE AND LOCAL TAXES CAN AFFECT MY EDUCATION”** FOR CONSIDERATION FOR THIS SCHOLARSHIP. I UNDERSTAND THAT THE FINDING OF ANY INCIDENT OF PLAGIARISM WILL RESULT IN FORFEITURE OF THE SCHOLARSHIP.

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**SIGNATURE OF APPLICANT DATE**

**DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**