

CHAUNCEY B. WARNER MEMORIAL SCHOLARSHIP

The Chauncey B. Warner Memorial Scholarship Fund was established in June 1986 by the Board of Managers of the Warner Home for Little Wanderers, Inc., as a memorial to his many years of dedicated service to needy children of Franklin County. The dictum of Mr. Warner was "To enrich the environmental background of the child, thereby enabling the child to progress emotionally, socially, and intellectually. This development will aid the individual in the improvement of his or her self-image and goals for adult life."

In keeping with this philosophy, the Board of Managers may award scholarships:

- to as many as 10 students each year.
- for as much as \$3,000.00 each.
- to graduating seniors from the five Franklin County high schools.
- to graduating seniors who have been accepted to a post-secondary undergraduate program (associate degree, bachelor's degree, technology program, or other advanced training).

Payment of the scholarships will be made directly to the student's school of choice from the Chauncey B. Warner Scholarship Fund upon satisfactory proof of enrollment.

***Please note**, eligibility for the Chauncey B. Warner Scholarship is determined by the family's income based on low-income guidelines set by the federal government. Special consideration is given to financial need, academic achievement, extra-curricular activities, community involvement, and initiative.

To: Senior Students

Re: Chauncey B. Warner Scholarship

Application Deadline: **May 1, 2022**

Items to be included in your application package:

- One (1) complete copy of your parent(s)/guardian(s) latest U.S. Income Tax Return **listing you as a dependent.**
 - Please redact (white out) Social Security Numbers.
 - **This is important to protect and secure your personal information.**
- One (1) copy of your application form, including your essay (300 words).
- One (1) copy of your transcript.
- Letter(s) of recommendation.

Please note that these scholarships are based on financial eligibility (low income) and can be awarded for any post-secondary goals, including two-year, four-year, or trade schools.

Please mail/deliver your completed application by **May 1st**.

MAIL

Chauncey B. Warner Scholarship
C/O Grace Dickinson Branon DMD
P.O. Box 535
St. Albans, VT 05478

EMAIL

drgrace@dbdentalcarevt.com

If you have any questions, please contact me at drgrace@dbdentalcarevt.com.

Thank you,

Dr. Grace Branon
Chairperson,
Scholarship Committee

CHAUNCEY B. WARNER MEMORIAL SCHOLARSHIP APPLICATION

Deadline Date: May 1, 2022

SEE ATTACHMENT ABOUT ELIGIBILITY REQUIREMENTS

NAME: _____

HOME ADDRESS: _____

CURRENT HIGH SCHOOL: _____

COUNTY YOU RESIDE IN: _____

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A. Name and location of institution you plan to attend.

B. What your field of study will be.

C. Class Rank _____

D. GPA _____

E. How many children in your family _____? How many attending college _____?

F. Ways you are contributing to the costs of your education _____

G. Estimate of total Tuition and Expenses _____

H. Please list of all your extracurricular high school activities:

- Clubs _____
- Sports _____
- Work _____
- Volunteering _____
- Community Involvement _____
- Other _____

I. A **typed** essay (300 words) answering one of the following prompts (**Include the prompt you chose at the top of your essay**):

- My career goals and future plans
- My passion and how it will be a part of my future
- My community and how it will be a part of my future

I affirm that to the best of my knowledge the information requested on this application is accurate.

Signature of Applicant: _____

Signature of Parent/Guardian: _____