REPARE

LOVETTSVILLE-WATERFORD RURITAN ENTREPRENEUR GRANT (Buddy Williams Award)

APPLICATION FORM

Please complete this application by typing or clearly printing (in ink) your responses. FAFSA's SAR must accompany this Application. Please use additional pages as necessary.

| | Last 4 Digits of SS# |
|---|--|
| Name | |
| Address | |
| City | |
| Phone | Date of Birth |
| Parent(s) or Guardian(s) name | |
| Accepted by: college/university (if applyi | ng) |
| Parent/Guardian Email: | Phone: |
| Copy of your latest transcript Copy of your FAFSA score Please submit to Lovettsville Verail to thelwruritans@gmail. I have completed the above Application For complete to the best of my knowledge. I under the story of the st | Waterford Ruritans, P.O. Box 137, Lovettsville, Va. 20180, or |
| Applicant Signature | Date |
| I authorize the release of transcript to the Scholarship Co | mmittee so that he/she may be considered for this scholarship. |
| Signature of student | Signature of parent if student is under 18 |
| Date | Date |