

**Finger Lakes Finns
Scholarship Application Form**

Name _____ Date _____

Address _____

School _____ Phone _____

Applicant Signature

Parent Signature

List two non-family references we may contact:

1. _____ Phone _____

Address _____

2. _____ Phone _____

Address _____

Please be sure to accompany this form with the documents and statements called for in the Award Criteria application process (linked to this form on the web site and enclosed in mailings).

Only Applications with all documents will be considered when received on or before June 5, 2009.

Send to:

**Finger Lakes Finns Scholarship
% Joann Neal
PO Box 187
Watkins Glen, NY 14891**

**pippieneal@gmail.com
607-243-5145**