

Adult / Continuing Education Grant Application

Old Home Day Scholarship Committee

Carlisle, Massachusetts 01741

Applicant Information:

Name: _____

Street Address: _____

Phone: _____ Email Address: _____

What course or class do you plan to attend? _____

Dates: _____

Where is it being offered? _____

How much will it cost? _____

Please respond to the following questions:

Have you done any volunteer work in Carlisle or in the larger community? (If the answer is yes, please give an example of activities or events in which you've participated.)

What have you enjoyed about doing volunteer work?

How will your pursuit of continuing education enhance your own development and subsequently the betterment of the community?

Applications will be accepted throughout the year as long as funds are available.

Please sign the form to indicate that all the information provided is true and accurate.

Signature

Date

Please mail this application to: Donna Cantrill, 419 Maple Street, Carlisle, MA. 01741