

**CARROLL COUNTY DEMOCRATIC CLUB SCHOLARSHIP FUND
2008**

Application

APPLICANT

Name: _____

Social Security Number _____

Address: _____

Phone: _____ Resident of Carroll County Since: _____

E-Mail Address: _____

Registered Democrat Since: _____

Attending College or University at: _____

Declared Major: _____

Class Level: _____

Please provide a transcript of grades for Freshman and Sophomore years.

FAMILY INFORMATION (If under 21)

Mother

Father

Names: _____

Address(es): _____

Occupation: _____

Total Income: _____

Number of Children in Family and Ages: _____

**In order to allow time for application review, the complete application package should be returned
by May 1 to Community Foundation of Carroll County, 255 Clifton Blvd, Suite 203, Westminster, MD 21157**

Please make sure you use the 2008 application form and include all attachments for your application to be considered.
A Scholarship Fund of the Community Foundation of Carroll County, Inc.

