



**THE SUSAN FUND INC.**

GOALS: Write a statement of your educational or career goals.

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Anticipated educational expenses for the coming year:

Tuition: \_\_\_\_\_  
 Room: \_\_\_\_\_  
 Board: \_\_\_\_\_  
 Books: \_\_\_\_\_  
 Supplies: \_\_\_\_\_  
 Travel: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 (A)

Amount of financial support you expect from:

Parents: \_\_\_\_\_  
 Relatives: \_\_\_\_\_  
 Scholarships: \_\_\_\_\_  
 Loans: \_\_\_\_\_  
 Self: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Total: \_\_\_\_\_  
 (B)

Difference needed to continue your education: \_\_\_\_\_  
 (A-B)

If you are currently attending college, please complete the following.

Total educational cost for the 2009-2010 academic year: \_\_\_\_\_

Amount of financial support received from:

Parents/Relatives: \_\_\_\_\_  
 Scholarships/Grants: \_\_\_\_\_  
 Loans: \_\_\_\_\_  
 Self: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Total: \_\_\_\_\_

Total amount of loans outstanding: \_\_\_\_\_

Describe your work and volunteer experience. Please use a separate sheet of paper if necessary.

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Describe your family's financial circumstances:

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**MEDICAL INFORMATION:** Please explain the nature of your illness.

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If you are a first time applicant, you must submit a statement from your doctor describing the nature of your illness. Past recipients are encouraged to submit a current doctor's statement.

You or your parents are encouraged to include any additional pertinent data in support of your application. (Please attach.)

How did you become aware of The Susan Fund scholarship program?

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THE SUSAN FUND, INC.

Please attach a recent photo of yourself in this space.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

PUBLICITY AUTHORIZATION

The recipient of a Susan Fund scholarship understands that receiving such a grant may result in publicity, and hereby authorizes The Susan Fund to publicize or use the recipient's name and/or photograph, now or in the future, in promotional material involving The Susan Fund.

The recipient hereby releases and holds harmless The Susan Fund and its Board of directors from any and all liabilities, damages or claims of any kind resulting from the use, distribution of disclosure of the recipient's name and/or photograph or other information regarding the recipient.

\_\_\_\_\_  
Recipient

\_\_\_\_\_  
Date

Send completed application, postmarked no later than April 1, 2010 to:

Mrs. Kelly Frey Pollard  
117 Imperial Ave  
Westport, CT 06880  
(203) 226-9206