Suffield Education Association Scholarship Information

Name of Graduate _____

Name of Parent _____

Address _____

High School _____

Address _____

Plan for further education (college/university or program) _____

Intended course of study (if known) _____

Please tell us a little about yourself. You could include any awards or honors you have received, sports or activities that you have participated in or special interests you have. Use back if needed. Attach a resume if you wish!

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PLEASE RETURN COMPLETED FORMS TO NOREEN HARNETT AT SUFFIELD HIGH SCHOOL.

DUE DATE: ***MAY 16, 2019***