

Northeast Utilities Foundation Scholarship Program

for Sons and Daughters of Northeast Utilities System Employees

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TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 1

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY										
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APPLICANT DATA

Surname: _____ First Name: _____ Middle Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____
 Date of Birth: _____
 Sex: Male Female
 Marital Status: Single Married Divorced Widowed
 Number of Children: _____
 Number of Siblings: _____
 Number of Dependents: _____

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Surname: _____ First Name: _____ Middle Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____
 Date of Birth: _____
 Sex: Male Female
 Marital Status: Single Married Divorced Widowed
 Number of Children: _____
 Number of Siblings: _____
 Number of Dependents: _____

HIGH SCHOOL DATA

School Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

POST-SECONDARY SCHOOL DATA

Use official school names. Do not use abbreviations.

School Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____
 Date of Birth: _____
 Sex: Male Female
 Marital Status: Single Married Divorced Widowed
 Number of Children: _____
 Number of Siblings: _____
 Number of Dependents: _____

