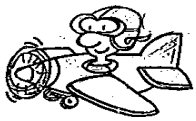

ANDREW FEINTUCH
MEMORIAL SCHOLARSHIP
APPLICATION

Name: _____
First Middle Last

Telephone No.: _____ Date of Birth: _____

Father's Name_____Mother's Name: _____

Father's Occupation: _____Business Address: _____

Mother's Occupation _____Business Address: _____

Siblings and Birth Dates:

List colleges where you have been accepted: _____

College you plan to attend and why: _____

College Costs: _____

Professional plans after college: _____

Have you been awarded any other scholarships? _____ If Yes, state amount:_____

What money-earning jobs have you had? _____

On a separate sheet of paper, type in a word document, the town recreation programs and other community and extra-curricular activities that you have participated in and the impact that they have had on you. Also, briefly describe your interests, honors and future plans.

Date Signature of Parent/Guardian