

Katonah Chamber of Commerce:
DONALD M. FOULKE SCHOLARSHIP

Instructions: Completed applications must be returned to Mrs. Semenetz in the
JJHS Counseling Center by no later than Monday, March 11th, 2019 at 3PM.

NAME: _____

ADDRESS: _____ TOWN: _____

TELEPHONE #: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

PREVIOUS SCHOOLS ATTENDED (elementary and middle schools): _____

Please list the top 3 activities, in order of importance, which you have done in and for the Katonah community:

1. _____
2. _____
3. _____

What college will you be attending in the fall? _____

Why are you applying for this scholarship award?

Please identify and explain your contributions to the Katonah community through volunteerism, extracurricular activities, or other forms of concern for Katonah.
(Please type your response and attach it to this application.)

I certify to the completeness and accuracy of the statements included in this application. I am aware that omissions or inaccuracies could result in the cancellation of any award granted:

Student Signature & Date: _____

Parent Signature & Date: _____