H. What person or persons have been most influential in your life and in what way?	
I. If you could do what you most wanted to do, what kind of life would you like to lead 25 years from now. You may not be su	ıre
just where you would like to live or what kind of occupation you would like best; however, whether or not you are ready to select something in particular (e.g., some occupation) indicate the considerations which will be important in helping you deci-	
Solot conforming in particular (e.g., come cocupation) indicate the conformations which will be important in nothing you door	-
Please check carefully to make sure you have answered fully and ocmpletely.	
ricuse officer curefully to make sure you have unswered fully and completely.	
Date: Applicants Signature:	
DateApplicants dignature.	
This form, when completed, should be returned to: Ed Grabowski	

Hill 4-11 Scholarship Fund 95 Meadow Street Rutland, VT 05701-4321

## APPLICATION FOR HILL 4-11 ASSOCIATION SCHOLARSHIP

Biographical Questionaire

The questions in this form are designed to collect information about your background, your interests and your plans. If some important aspect of your life is not covered by the questions, please make any additional comments you think appropriate on an additional sheet.

Your answers to these questions will be used only in connection with your application in this scholarship program and will be divulged only to qualified persons who must see them in the course of their duties.

## (This form must be typewritten or completed in ink.)

## A. You - the Applicant

Name in full (please print):			Sex - M	_ F	
Permanent home address:					
Telephone Number:					
Date of Birth:		Height:	Weight:		
Place of Birth:					
B. Your Family - Hill 4-11 F	Parent Member				
Member Name:					
Home Address:					
If member deceased - date of deat	h:				
Member's spouse - full name:					
Home address:					
Spouse Occupation:Place of employment:					
Name of parent or guardian who s	upports you:				
If you have listed the name of som following information about him/he		ather or mother as the person	who supports you, please	provide the	
Address:					
Relationship to you:	Occı	ıpation:			
Number of brothers:	Ages:	Sisters:	Ages:		