



Carl Guild & Associates Scholarship Program

“Empowering our Future”

Thank you for your interest in the Carl Guild & Associates Scholarship Program. Under the Carl Guild & Associates Scholarship program, one (1) \$1,000 scholarship will be awarded to one student from each of the following towns: Colchester, East Haddam, East Hampton, Portland and one student from the RHAM district.

Program Guidelines & Priorities:

- * Seeking graduating seniors with a record of volunteerism in the community in nonschool sponsored activities and/or participation in extracurricular school activities.
- * Applicants must plan to attend a two (2)-year community college or four (4)-year college or university.
- * Applicants must include one letter of recommendation from a Guidance Counselor, Teacher or Leader in any volunteer organization in which you participate.
- * Applicants must include a copy of their most recent transcript.
- * Applications must be received by Carl Guild & Associates no later than April 1st. Late applications will not be accepted.

The applications will be reviewed, and recipients selected by the Carl Guild & Associates Scholarship Committee. The recipient will be notified no later than April 30th and agree to a press release in a local publication.

Applications can be made online or a paper application can be downloaded from:

www.carlguild.com/scholarship

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6.	<p>A. If you have decided on the college you will attend, please list the school name:</p> <p>B. If not, list your top three (3) college choices:</p>
7.	<p>Anticipated field of study:</p>
8.	<p>Please use the space below to write an essay (250 - 500 words) addressing the following:</p> <p>Pick an experience from your own life and explain how it has influenced your development. Describe how this experience has shaped who you are and how it has empowered you to succeed in college.</p>

Please complete your essay below or attach separate piece of paper:



STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote the Carl Guild & Associates Scholarship Program.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ Date: _____

Checklist:

- ☐ Application
- ☐ Essay
- ☐ Transcript
- ☐ One letter of recommendation

REMINDER:

**Applications must be received by the Carl Guild & Associates Scholarship Committee
no later than April 1st
There will be no exceptions!**