

**The Gaylordsville Historical Society**  
**Alan S. Farnham Memorial Scholarship**

The Gaylordsville Historical Society is offering a \$500 scholarship in the memory of Alan S. Farnham. Lt. Farnham, who attended the one-room schoolhouse in Gaylordsville, died in combat in Vietnam. The applicant must be a graduating senior in good standing, who lives within the **Gaylordsville Fire District**. The Scholarship is based in the following criteria:

- \*Academic standing
- \*Community service

- \*Letters of recommendation
- \*Essay

**DO NOT** include transcripts with this application. If we require more information, we will request them from your school. Upon completion (post mark due April 25), mail this application to:

**The Gaylordsville Historical Society**  
P.O. Box 25  
Gaylordsville, CT 06755  
Attn: Scholarship Committee

***Applicant Information***

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Home Telephone \_\_\_\_\_

***Scholastic Information***

High School you currently attend \_\_\_\_\_  
School address \_\_\_\_\_  
Town/City \_\_\_\_\_ School telephone number \_\_\_\_\_  
College you plan to attend \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Grade Average: Grade 9 \_\_\_\_\_ Grade 10 \_\_\_\_\_ Grade 11 \_\_\_\_\_ Grade 12 \_\_\_\_\_

In the spaces, **and only in the spaces provided below**, answer the following. Please do not attach additional sheets or resumes.

Honors and recognition:

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Community and Volunteer Service:

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*Other Extra-curricular Activities:*

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*Recommendations: Attach two letters of recommendation from non-relatives supporting your application. One of your two letters should be from a teacher at your high school.*

*Essay: In your **own words** write a brief (one page) essay describing you, your interests, and your educational and career goals.*

**Declaration:** *To the best of my knowledge, the information contained in this application is true and correct. The applicant hereby authorizes school officials to make available to the scholarship committee whatever records are needed to make a decision. I further understand that this scholarship award is given for college expenses. Should I decide not to attend college within the coming year, I agree to return this award to the Gaylordsville Historical Society.*

*Applicants Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Gaylordsville Historical Society  
PO Box 25  
Gaylordsville, CT 06755*