

THE CHAUNCEY B. WARNER ENDOWMENT APPLICATION

Name of Child _____ Birthdate _____
Last First

Name of Parent/legal guardian _____

Mailing Address _____

Phone: _____

Requested items or services:

*Please list specific amount for each item/service and number of weeks requested.

Name of Group/Business/Person providing the above mentioned item/service:

Address _____

Phone _____

Amount of Request _____ Total _____

If recommendation is available, please attach to application with person's signature, title and phone number.

Financial Information: Number of persons in Household _____

Total Amount of Family Income* _____ (Estimated current year)

Parent/Legal Guardian Signature _____

*Please note that proof of income may be required. Under penalties of perjury, the above signed certifies that the information contained therein is true and accurate to the best of the above signed 's belief.

MAIL TO: CHAUNCEY B WARNER ENDOWMENTS P. O. BOX 535 ST. ALBANS, VT 05478