

**THE COLLIN MCCOMBER CHARITABLE FUND  
SCHOLARSHIP APPLICATION**

APPLICATION DATE (mm/dd/yyyy): \_\_\_\_\_

**STUDENT**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Entered The Young School \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email address \_\_\_\_\_

**FAMILY INFORMATION (or Guardian if applicable)**

	<u>Mother</u>	<u>Father</u>
Names:	_____	_____
Address(es):	_____	_____
Occupation:	_____	_____
Income:	_____	_____

Please briefly describe the unforeseen, temporary financial difficulties your family is dealing with in the space provided.

**The complete application package should be returned to  
The Community Foundation of Carroll County, 255 Clifton Blvd. Suite 313, Westminster, MD 21157  
A Scholarship Fund of the Community Foundation of Carroll County, Inc.**