



NANCY LARSON
F · O · U · N · D · A · T · I · O · N

Nancy Larson Foundation Scholarship Application

Must be postmarked November 15, 2013

(Please use this form only if submitting via mail)

Last Name _____ First _____ Middle _____

Student ID _____

Permanent Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

College/University _____

Year in School _____ Major _____

Minor _____

Please send a **resume** with employment history, activities and community service, an **official transcript** and your 500 words or less **statement** answering "What three traits do you have that you believe will make you an excellent teacher?" Include in your community service work any paid positions or internships involving working with children.

Signature _____ Date _____

Initial here _____ agreeing to the following: If selected as a recipient of a scholarship by the Nancy Larson Foundation, I agree to allow my name and photograph to be utilized in news releases and publicity materials of the Nancy Larson Foundation.

P.O. Box 6 • Old Lyme, CT • 06371 • NancyLarsonFoundation.org