

**Application for Financial Assistance from
The George P. Sargent Educational Trust Fund**

Name: _____ Date of Birth _____

Address: _____ Tel. Number _____

Education: _____

Employer: _____ Length of Employment _____

Previous employers and length of employment with each: _____

Name of the school to which you wish to apply: _____

Location: _____

Course you wish to take: _____

List any courses you have already completed: _____

Cost of the course (Tuition): _____ (Board & Room) _____

Will your employer provide any assistance? _____

If yes, how much? _____

Are you able to finance part of the cost with your own funds? _____

If yes, how much? _____

Give the reasons you wish to take this course and why you need financial assistance. _____

I certify that this application is correct and that if _____

_____ is awarded a scholarship that he has my permission to accept.

SIGNED _____
(Employer) (Date)

Note: Applications should be e-mailed for faxed to either:

James D. Dewar, AHC Trustee, jdewar@smootassociates.com

René A. Bouchard, Trustee, DAHC/CDC, CSI, CCPR, rbouchard@smootassociates.com

Fax Number: 781-826-0755
