

# 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**

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