

Thomas Butterfield Community Service Scholarship Application

Name: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Age: _____ Have you graduated from high school? _____

Date or anticipated date of receipt of high school diploma: _____

How long have you lived in Herriman?: _____

Name of university, college or institution of higher learning where you will be attending:

Name of Parents or Legal Guardian: _____ Email: _____

Address and phone of parents or legal guardian: _____

Description of project: _____

Date(s) of completion of service project(s): _____

Hours spent on service project: _____

Describe how your service has benefited Herriman City or Herriman residents: _____

Explain how this service project has benefited you: _____

I affirm that I am eligible for the Thomas Butterfield Scholarship as outlined in the Application Eligibility section above, and that I completed the service hours as required.

Signature of Applicant Date

Signature of Parent or Guardian, if under 18 Date

