

## Craig Tufts Educational Scholarship 2024 Application Form

## Applicant Contact Information

Name:		Age:	
Street Address:			
City:	State:	Zip Code:	
Parent/Guardian Contact Inform	nation		
Name of Adult:			
Relationship to Applicant:			
Street Address (if different	t from applicant):		
City:	State:	Zip Code:	
Home Phone:	Cell	Phone:	
Work Phone:	E-m	E-mail Address:	
Award. I understand that if my ch	nild is selected, an adult (age 2)	2024 Craig Tufts Educational Scholarship 1 or over) must accompany my child to the 1, from Saturday, July 6, to Friday, July 12,	
I agree			
I disagree			
Parent/Guardian (Print Name)		Date	
Applicant (Print Name)		Date	