

Application for Trustees of the New Castle Common
Two Semester Education Grant Due - **July 1, 2017**

Personal Data:

Name _____

Social Security number or W-9 form _____

Permanent Mailing Address (Residence) _____

Mailing address of New Castle or zip code of 19720 does not necessarily signify a City of New Castle residency. Please provide a recent Municipal Service Commission bill or driver's license.

Date of Birth _____

Home Telephone Number _____

Cell Phone Number _____

Email Address _____

Parent(s) or Guardian(s) Name(s)

High School and College or University Data:

Name of the school you presently attend

School address _____

School telephone number _____

Your graduation date _____

School that you plan to attend **next year** _____

Address of that school

Student identification number _____

In what year will you complete your undergraduate degree? _____

Signature of Parent or Legal Guardian _____

Signature of the Applicant _____