

CENTER FOR ANTHROPOSOPHY
PO BOX 545 WILTON, NEW HAMPSHIRE 03086

WALDORF FELLOWSHIP APPLICATION

Name _____ Program _____

Address _____ Program Dates _____

_____ Phone: Home _____

Occupation _____ Marital Status _____ Day _____

Spouse (name) _____ Occupation (spouse) _____

Dependents (names & ages) _____

How do you plan to support yourself as a student? _____

The Waldorf Fellowship is a grant paid directly into a student's tuition account. Awards are based upon need and availability of funds, and are intended to supplement other sources of tuition funding. Awards range from \$500 to \$3000.

Total amount requested \$ _____.

APPLICANT INFORMATION (complete both sides of form)

Age _____ Date of Birth _____ Social Security No. _____ US Citizen? _____

Residence: () Home () Apartment () With parents () Other _____

() Rent () Own How long at this address? _____

Closest relative not living with you:

Name _____ Relationship _____

Home address _____ Phone _____

Personal Reference (non-relative) _____ Years Known _____

Home address _____ Phone _____

Employer _____ Position _____ How long? _____

Address _____ Phone _____

Have you ever defaulted on a student loan? _____ Declared Bankruptcy? _____ Explain _____