

Deadline: June 1st

Applicant's full name: _____

You are applying for the Housatonic Valley Regional High School Alumni Association's Scholarship. Please list below the names of your parents and grandparents who have graduated from HVRHS.

Please return this completed form by June 1st by email to: missbunny@snet.net

Or mail to:

HVRHS Alumni Association
Attn: Bunny McGuire
246 Warren Turnpike Road
Falls Village, CT 06031

Mother's Maiden Name: _____ Class of _____

Father's Name: _____ Class of _____

Grandmother's Maiden Name (Mother's Mother): _____ Class of _____

Grandfather's Name (Mother's Father): _____ Class of _____

Grandmother's Maiden Name (Father's Mother): _____ Class of _____

Grandfather's Name (Father's Father): _____ Class of _____