

2018 Fairfield Optimist Member Scholarship Application
Amount: \$2500 one (1) year non renewable

Member Name _____

Date _____

1. Full Name _____

2. Address _____ Phone _____

3. Have you been accepted to a college? _____ Where? _____

Note: if you are awarded the Fairfield Optimist Membership Scholarship, your social security number will be required for governmental reporting purposes.