

**2020 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.