

# The Eugene Atwood Fund

## Loan Application for 2017-2018

*Established September 22, 1916, by Mr. Eugene Atwood, of Stonington, Connecticut:  
to "aid deserving, industrious young people who are making an honest effort  
to accomplish the best results in life."*

The Eugene Atwood Fund  
PO BOX 142  
Stonington, CT 06378  
Telephone: 860-535-0005 Email:  
[admin@eugeneatwoodfund.org](mailto:admin@eugeneatwoodfund.org)  
Administrator: Stacey Haskell

TRUSTEES:  
Genevieve Atwood  
Charles Clark  
Christopher Dixon  
Erica Lindberg Gourd  
Amanda Atwood Lindberg  
Charles Conover White  
Elizabeth Dodge White

The Eugene Atwood Fund provides education loans to students who are residents of New London County. The loan is to be repaid, without interest, when the student has finished school. The amount granted to an individual varies each year depending upon the availability of funds. Loans if granted will be approximately \$5,000. It is paid in the name of the institution and the student, in two installments, one half in July and the balance in December. You may apply each year as long as you are in an undergraduate college program.

**High School seniors or first time applicants** should submit the following along with this application:

1. Most recent transcript
2. 3 reference letters
3. Copy of your parents' (and your) tax return from 2016 (2015 if not available): the two pages of form 1040 If your parents' "Adjusted Gross Income" is more than \$50,000, also submit:
4. The SAR: Student Aid Report (website: [www.fafsa.ed.gov](http://www.fafsa.ed.gov) )

**High School seniors only:**

1. College Board Test Scores (Scholastic Aptitude Test and Achievement Tests)

**Reapplying students** should submit the following along with this application:

1. Most recent transcript
2. Your parents' (and your) tax return from 2015, form 1040 only
3. End-of-year transcript as soon as possible  
If your parents' "Adjusted Gross Income" is more than \$50,000, also submit:
4. The SAR: Student Aid Report (website: [www.fafsa.ed.gov](http://www.fafsa.ed.gov) )

This application and the above-listed forms are **due February 28th** for processing, and reviewed by the Trustees at their annual meeting in April.

Please submit to: **The Eugene Atwood Fund P.O. Box 142, Stonington, CT 06378**

# The Eugene Atwood Fund

## Application for 2017-2018

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Present Home Address \_\_\_\_\_  
Street and Number City or Town Zip

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of Father / Stepfather \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name of Mother / Stepmother \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status of Parents: Married Separated Divorced Widowed

Brothers and Sisters: Name Age Present Educational Level

Brothers and Sisters:	Name	Age	Present Educational Level

### **Education of Applicant to Date**

Elementary \_\_\_\_\_  
Name of School

Secondary \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
Name of School

College \_\_\_\_\_ Years completed as of June, 2016 \_\_\_\_\_  
Name of School

This year I plan to attend: \_\_\_\_\_  
Name of Institution

In the fall I will be entering my:    freshman        sophomore        junior        senior        year.

Vocational Objective: I desire to become \_\_\_\_\_  
State Profession or Occupation

Additional information:

### **Financial Statement**

**Estimated Funds Available:**

From Family Contribution: \_\_\_\_\_  
From Applicant's Savings: \_\_\_\_\_  
From Applicant's Earnings:  
    Summer: \_\_\_\_\_  
    College: \_\_\_\_\_  
Financial Aid:  
    Grants: \_\_\_\_\_  
    Scholarships: \_\_\_\_\_  
    Loans: \_\_\_\_\_  
Other: \_\_\_\_\_  
Subtotal: \_\_\_\_\_  
Amount requested  
From Atwood Fund: \_\_\_\_\_  
Total of above: \_\_\_\_\_

**School Expenses:**

Room & Board \_\_\_\_\_  
Tuition: \_\_\_\_\_  
Books, supplies: \_\_\_\_\_  
Other fees: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
  
Total of above: \_\_\_\_\_

**Totals should match**

**Income of Parents:**    Father \_\_\_\_\_  
                                  Mother \_\_\_\_\_  
                                  Total \_\_\_\_\_

Present indebtedness of applicant and family:

Names of Creditors

Amounts owed

Unusual Expenses: (illness, etc.) (Indicate nature and cost)

**References**

(For first time applicants only)

Names and addresses of three individuals, other than my parents or guardian, who are providing written references as to my character, scholastic standing and need for financial assistance:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Street City State

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Street City State

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Street City State

I hereby promise to pay to the Trustees of The Eugene Atwood Fund on demand, whatever sum may be loaned to me on this application.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

I hereby approve this application and any loan the Trustees may make to the above applicant.

\_\_\_\_\_