

# CITIZENS' SCHOLARSHIP FOUNDATION

PO Box 23  
MANSFIELD, MASSACHUSETTS 02048

## CSF NEW SCHOLARSHIP SPONSOR APPLICATION

**NAME OF SCHOLARSHIP:**

**Scholarship Designation (if any):**

**Person To Contact:**

- Name
- Address
  
- Phone Number

**Signature of Contact Person:**

**Date Scholarship Formed:**

**Initial Deposit:**

**Date Fund Reached Permanent Status:**

**Publicity Desired?**      \_\_\_yes      \_\_\_no

**People Who Need Annual Report:**

**Short Biography:**