SW-KD EDUCATIONAL TRUST

Application for Distribution

Name of Applicant: _____
(Please print) Last First Middle

E-mail Address: _____

Mailing Address: _____

_____ Telephone Number: _____

Resident of: Sheffield _____ Date Residency Established: _____
Wheelock _____ Year of Secondary School Graduation _____

Name of College or Technical School: _____
Anticipated Year of Graduation: _____

Semester(s) Being Applied For: Fall and Spring _____
Fall only _____
Spring only _____
Summer _____ (full time)

Applicants Please Note: This application must be completed and delivered to the Town Clerk of the town in which applicant resides at least once each year and no later than **July 1st** if applying for the summer semester and/or fall semester and/or spring semester or no later than **December 15th** if applying for the spring semester and/or the following summer semester. **The Town Clerk must receive the tuition bill from the college or technical school to complete the application.** Distribution of funds will be made after the Town Clerk has approved the completed application. Distribution checks must be picked up at the Town Clerk's office. **Checks will not be mailed**. Best efforts will be made to notify first-year students of their eligibility. Thereafter, students, having read the above, are responsible for making application in a timely manner.

I, the undersigned applicant, hereby certify that the information contained in this application is true to the best of my knowledge and that I am in compliance with the following requirements of the SW-KD Educational Trust: 1) I am a resident of the Town of Sheffield or Wheelock; 2) I physically resided in such town during my final year of high school and for at least one year prior to my first application for distribution; 3) I have completed my secondary education at a state-approved secondary school; 4) I will be a full-time student at an institution providing post-secondary education; 5) the distribution(s) I am applying for do(es) not exceed four years (eight semesters). I understand that should I not attend post-secondary school, the monies awarded to me for any uncompleted semester shall be returned to the Trust and that any attempt to defraud the Trust will result in forfeiture of any and all future distributions from the Trust.

_____ Date: _____
Signature of Applicant

Revised 08-28-2025