



Latham Memorial Library Scholarship Residency Statement

I, _____, parent or guardian of
_____, applicant for the Latham Memorial Library
Scholarship, certify that the applicant is a resident of the Town of Thetford, Vermont.

Applicant's name _____

Applicant's physical address _____

At this address since (date) _____

Applicant's mailing address _____

Landlord's name if applicable _____

Applicant signature _____

Parent/guardian signature _____

We will have your residency verified by the Thetford Town Office.