



Connecticut Trappers Association's
2026-2027 Jim Critchley Educational Grant
Application

**Connecticut Trappers Association's 2026-2027
Jim Critchley Educational Grant**

Grant in the Amount of \$1000.00

QUALIFICATIONS:

**High School Senior in Pursuit of a Post-Secondary Degree
Within Wildlife Management or Conservation**

Graduating Senior - Class of 2026-2027

**Sincere desire to further ones education
at an Accredited Institution.**

Applications must be received by May 15th

Please Mail Application to:

**Connecticut Trappers Association. Inc.
Attn: Educational Grant Committee
P.O. Box 441
Chaplin, CT 06235**

NOTE TO APPLICANT: The information you supply will be used by our committee to determine the recipient of the scholarship. **Some of the major factors to be considered are: scholastic potential, school achievement, participation in extracurricular activities, out-of-school activities and personal qualities.** Please give serious thought to these factors when completing this application. (You may attach a separate sheet to answer any question(s) more fully than space allows).

Name _____
Last First Middle

Address _____

Local organization membership(s) of your immediate family. _____

Provide names and ages of other family members dependent on your parents for support:

Rank in class _____ Grade Point Average _____ **(Copy of transcript and a minimum of two letters of recommendation are required).**

Choice of school and why? _____

What will be your major field of study? _____

Activities, Awards and Honors:

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the past four years (e.g., Boy / Girl Scouts, hospital volunteer, Special Olympics, etc.). Note all special awards, honors and offices held.

Activity	No. of Years Participated	Special Awards, Honors	Offices Held

At the present time do you have a job? _____ Employer _____

List other application(s) submitted for financial aid and amount awarded: _____

Why do you feel you should be granted educational assistance? (Answer in detail.)

Please describe (if any) extraordinary family or personal circumstances that makes it necessary for you to apply for this scholarship.

Student's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

Telephone Number _____ Email Address _____