

THE MABEL WAGNALLS JONES SCHOLARSHIP FUND
C/O THE WAGNALLS MEMORIAL FOUNDATION
150 E. COLUMBUS STREET
P. O. BOX 217
LITHOPOLIS, OH 43136

AFFIDAVIT

I, _____, hereby affirm that I
maintain a legal residence in Bloom Township at _____
_____ and have resided in Bloom
(address)

Township since _____.
(month) (day) (year)

and that this date represents residency prior to entering FIRST or SIXTH grade.
(Please circle one above)

(Signed) _____

(Date) _____

STATE OF OHIO:

COUNTY OF FAIRFIELD:

On this _____ day of _____, 2008, before me, a
Notary Public in and for said County, personally came _____
_____, known to me to be
the individual who executed the foregoing instrument, who, being duly sworn,
stated that the foregoing statements are true.

Witness my hand and seal on the day and year above written.

(Signed) _____

(Seal)