

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)

I understand that I personally must continue to maintain a legal residence in
Bloom Township as long as I receive the scholarship benefit.

I agree to immediately notify the Mabel Wagnalls Jones Scholarship Fund in
writing of any change in my personal residence during the time I receive
scholarship benefits from The Wagnalls Memorial Foundation.

(Signed) _____

(Date) _____

STATE OF OHIO:

COUNTY OF FAIRFIELD:

On this _____ day of _____, 2004, 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)