

Antrim Scholarship Committee

Scholarship Application Form

The Antrim Scholarship Funds are available to meet the post secondary educational needs of legal residents of the Town of Antrim, New Hampshire.

The funds are administered by the Antrim Scholarship Committee, which has responsibility and authority for the review of scholarship application and the awarding of post secondary school scholarships, subject to the terms and conditions of each original scholarship fund. No applicant shall be denied eligibility for a scholarship on the basis of race, creed, sex, religion, or national origin.

The Scholarship Committee also determines criteria for scholarship awards with academic standing and financial need being major factors considered.

Amounts of scholarship awards can and do vary. All awards are for a one-year period and a new application must be made each subsequent year. Taxes, if any, are the responsibility of the scholarship recipient.

The application form is to be completed by the applicant with input and assistance from the applicant's parents(s) or guardian(s) where applicable on the financial disclosure form. Applications will be accepted annually beginning March 1st and ending May 1st.

ConVal Seniors: The Antrim Scholarship Committee will accept this application as stipulated below **or** you may complete the ConVal "Common Application" following instructions set up by the ConVal Guidance Department. The Common Application must be received by ConVal Guidance by May 1^{st.} The Guidance Department will forward your application directly to the Antrim Scholarship Committee.

Aside from verification of legal residence, all applications are reviewed by scholarship committee members and are held in strict confidence. Applicants will be notified by mail no later than June 30th whether or not they have been awarded a scholarship.

Please complete this application, including the following:

- Applicant Information (Page 2)
- Confidential Statement for Financial Assistance (Page 3)
- Student Data/College Information (Page 4)
- Applicant Interests/Employment Information (Page 5)
- Brief Essay (as explained on page 5)
- Copy of your high school or college transcript including most recent grades

Inaccurate, incomplete, or late (postmarked or stamped in the Antrim Town Office after May 1st) applications will not be considered.

Please return your completed application in a sealed envelope addressed to:

Antrim Scholarship Committee
P. O. Box 517

Antrim NH 03440

Deadline for filing for upcoming school year: May 1st

APPLICANT INFORMATION

Name	Phone #	
Mailing Address		
Street Address		
High School Seniors: Colleges to which I have applied (list college of	preference first)	
Name of College	Total Annual Cost (Including room/board)	Accepted (Y/N)
	\$	
	\$	
	\$	
What Field of Study/Major?		
Degree/Certificate to be granted:	Anticipated Year of Gra	duation
Number of years of college program:	Grade/Year in Fall of 20:	
College Students:		
Name of College:		
Degree/Certificate to be granted:	Anticipated Year of Gra	duation
Number of years of college program:	Grade/Year in Fall of 20	:
Please list all of	your extra-curricular activities:	
High School	College	

Confidential Statement for Financial Assistance

Student Applicant Information					
Last Name	First Name	MI	Sex	Date of Birth	
Street:			City	State	Zip Code:

Parent/Guardian Information

Father/Male Guardian Last Name	First Name	MI	Living?	
Mailing Address:		City	State	Zip Code
Employer	Positio	n Held		Years w/Firm

Mother/Female Guardian Last Name	First Name	MI	Living?	
Mailing Address:		City	State	Zip Code
Employer	Position	n Held		Years w/Firm

Other Family Members:

Name	Age	Attending College?	Grade Level	Annual College Cost Paid By Parents

Parent's Financial Information

Net Taxable Income from Federal Tax Return for the Past Three Years

Year:	Year:	Year:
\$	\$	\$

Asset	ts
Home (if owned)	
Estimate Market Value	\$
Mortgage Balance	\$
Owner's Equity	\$
Other Real Estate	\$
Checking Account Balance	\$
Savings Account Balance	\$
Other Investments	
(Non-Retirement)	
Stocks/Bonds	\$
Mutual Funds	\$
Other	\$
Total Assets:	\$

Liabilities				
Car Loan(s)s	\$			
Home Equity Improvement	\$			
Education:	\$			
Other(List):	\$			
	\$			
	\$			
Total Loans:	\$			
Annual Property Tax:	\$			
Other Extraordinary Expenses Not	Listed Above			
	\$			
	\$			
	\$			
Total Liabilities:	\$			

ta				
? () Yes () No Do yo	u have any d	ependent	ts? () Yes () No
	Dependen			
		\$	Yearly	Earnings
		\$		
	Yea	r	L	oan Balance
			\$	
oans				
tarting Date of	f Repayment	Monthly Pa	yment	Balance Owed
		\$		\$
		\$		\$
		\$		\$
		\$		\$
nation				
	Ex	pected Year	of Gra	duation:
18	ntion		ntion	

Name and Address of College You Plan to or are Attending	Expected Year of Graduation:

Annual Cost		
Tuition	\$	
Room/Board	\$	
Other	\$	
Total	\$	

Anticipated Plan to Pay for College		
Parental Support	\$	
Student Assets	\$	
Student Income (Excluding college employment)	\$	
Loans	\$	
Non-Antrim Scholarship(s) (List)	\$	
-	\$	
	\$	
	\$	
Total Funds for College	\$	
Balance Needed	\$	

Applicant's Financial Information				
Net Taxable Income From Past 4 Years				
20	\$			
20	\$			
20	\$			
20	\$			
	d.			
Checking Account Balance	\$			
Savings Account Balance	\$			
Other Assets (List)				
	\$			
•	\$			
	\$			
	\$			
	\$			
	\$			

To the best of our knowledge and belief the information reported above is true, correct, and complete. We agree to submit, upon written request, a notarized copy of our latest Federal Income Tax Return to support the statements made herein. To assist in determination of financial need, we authorize the Antrim Scholarship Committee to discuss any information contained in this form with the student applicant.

Father/Male Guardian Signature	Date	Mother/Female Guardian Signature	Date

APPLICANT INTERESTS/EMPLOYMENT INFORMATION

What other interests have you d	leveloped in school?		
	If necessary, use the back of this pag	ge to finish this question	
What interests have you develo	ped outside of school?		
	If necessary, use the back of this pag	ge to finish this question	
Please provide names, addresse two years:	es, and phone numbers of those	e by whom you have been employ	ed in the past
Employer Name	Address	Phone #	Dates of Employment
Have you applied for financial	aid from any other sources? _	Yes No If yes, plea	se list below:
	d like to attend (or are at	essay (not more than 200 watending) college and what	
By signing this application, I information given in this applin granting financial aid to m relying upon the accuracy of	hereby certify that I am a leglication is correct to the best e from these scholarship functhe information given herein school year that financial aid	gal resident of the Town of Antrof of my knowledge and belief. I a ds that the scholarship commit . I fully understand that if I sh d for subsequent years will dep funds.	understand that tee will be ould receive a
Applicant Signature:		Date:	