

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 sole 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.

Aside from verification of legal residence, all applications are reviewed solely 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.

Plea	ase 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 Grad	duation		
Number of years of college program:	Grade/Year in Fall of 20	_ Grade/Year in Fall of 20:		
College Students:				
Name of College:				
Degree/Certificate to be granted:	Anticipated Year of Grad	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 Social Security Number							
Street:				City	State	Zip Code:	

Parent/Guardian Information

Father/Male Guardian Last Name	First Name	MI	Living?	Social Security #
Mailing Address:		City	State	Zip Code
Employer	Position	Held		Years w/Firm

Mother/Female Guardian Last Name	First Name	MI	Living?	Social Security #
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	S
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:	\$			

Student Data				
Name:	Are you married? () Yes () No Do you hav	re any dependents? ()Yes () No		
Dependent Name(s)	Dependent Ag	Dependent Age(s)		
Current En	ployer	Yearly Earnings		
		\$		
		\$		

Do you own a car?	Make	Year	Loan Balance
() Yes () No) Yes () No		\$

Education Loans						
Date of Loan	Lender	Starting Date of Repayment	Monthly Payment	Balance Owed		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

College Information

Name and Address of College You Plan to Attend	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 Einene	al Information		
Applicant's Financial Information			
Net Taxable Income From P	ast 4 Years		
20	\$		
20	\$		
20	\$		
20	\$		
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?		
	XC		
	If necessary, use the back of this page	to finish this question	
What interests have you develo	ped outside of school?		
	If necessary, use the back of this page	to finish this question	
Please provide names, addresse two years:	es, and phone numbers of those l	by whom you have been employ	ed in the past
Employer Name	Address	Phone #	Dates of Employment
		Yes No If yes, pleas	
		ssay (not more than 200 w ending) college and what y	
do after completing your	education.		
information given in this appin granting financial aid to m relying upon the accuracy of scholarship for the upcoming	lication is correct to the best on e from these scholarship funds the information given herein.	al resident of the Town of Antropy of the Town of Antropy of my knowledge and belief. I use that the scholarship committed I fully understand that if I should be subsequent years will depoin the subsequent years will be subsequent years will depoin the subsequent years will not year years will depoin the subsequent years and years will not year years will not year years and years are years and years years are years and years are years and years are years are years and years are years are years are years.	inderstand that ee will be ould receive a
Applicant Signature:		Date:	