

# APPLICATION FOR THE ABBIE SARGENT MEMORIAL SCHOLARSHIP

Please return completed application with required documents to:

Melanie Phelps, Treasurer,  
Abbie Sargent Memorial Scholarship  
295 Sheep Davis Road  
Concord, New Hampshire 03301

**The deadline for returning the completed application is March 15.**

The applicant must be:

- A. A resident of New Hampshire.
- B. A graduate of an approved public/private high school with average or better grades.
- C. Able to establish a financial need.
- D. Dependable and must have shown acceptance of responsibility.
- E. A full or part-time student at an institution of higher learning.

Preference will be given to those involved in agriculturally related studies.

I hereby apply for a student scholarship grant to assist in the payment of my educational expenditures while in attendance during the academic year 20\_\_ to 20\_\_ at

*(Name up to 3 institutions if decision has not been made. List name and address in order of preference for attendance.)*

	Indicate Status: <i>applied/ accepted</i>
#1) _____	_____
#2) _____	_____
#3) _____	_____

## PERSONAL INFORMATION

- a. Name: \_\_\_\_\_
- b. Home Address: \_\_\_\_\_
- c. Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_
- d. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ #Dependents \_\_\_\_\_
- e. Please attach a statement informing the scholarship trustees about yourself and your goals.
- f. Please give the names and addresses of **three** individuals from your community as character references. Please specify the occupation of each person listed. **Please attach an original signed letter of reference from each person with your application. Omission of letters automatically disqualify you.**

### REFERENCES:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- g. **Please submit a recent photo that could be used in publicity materials.**

## EDUCATIONAL REFERENCES

- | a. | Name & address of school/college<br>(Beginning with High School) | Years of<br>Attendance | Diploma/Degree |
|----|--|------------------------|----------------|
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- b. *A copy of Transcript of Academic Training to date is required. (An application without a transcript is automatically disqualified.) If a grade point explanation is not part of the transcript please provide one.*

c. Proposed occupation or profession \_\_\_\_\_

d. Have you fulfilled the qualification for entrance to the college of your choice ? \_\_\_\_\_

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e. How are your educational goals agriculturally related ?

## CHURCH, SCHOOL AND COMMUNITY ACTIVITIES

Please provide summary of your activities and report participation, leadership and recognition.

CHURCH \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMUNITY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUTH ORGANIZATIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# APPLICANT'S INCOME AND EXPENDITURES

## A. Proposed budget - estimated costs and resources for ONE ACADEMIC YEAR.

If more than one institution is under consideration and listed on page 1,  
please complete a separate column for each institution:

INSTITUTION NAME(S) as listed on pg. 1	#1	#2	#3		
<b>Expenses:</b>				<b>Income:</b>	
Tuition & required fees				Personal savings	
Books, materials, etc				Anticipated annual earning <i>(Please include earnings of spouse, if applicable)</i>	
Room & Board				Assistance from parents	
Travel expenses				Veteran's Benefits	
Other costs: <i>please list</i> _____ _____ _____ _____ _____ _____ _____				Other scholarships: <i>please list</i> _____ _____ _____ _____	
				Other resources: <i>please list</i> _____ _____ _____	
<b>Total</b>				<b>Total</b>	

B. Additional information - Please provide any additional information concerning your own earnings or other financial assets or obligations that would be helpful in assessing your financial need for this scholarship grant.

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## CERTIFICATION

A. Applicant's statement

Should I be granted a scholarship under this program I hereby certify:

- that I will use the proceeds of the scholarship grant toward the payment of my college expenses;
- that the information submitted is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date*

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**THIS SECTION IS TO BE FILLED OUT BY PARENTS/GUARDIANS OF STUDENTS**

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Name(s):

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Address:

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Applicant's name:

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Other children:

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**Occupations:**

Parent #1: \_\_\_\_\_ Annual income \_\_\_\_\_

Parent #2: \_\_\_\_\_ Annual income \_\_\_\_\_

Are there other dependents in the family ? \_\_\_\_\_

If so, what is their relationship ? \_\_\_\_\_

Parent/guardian statement

Please provide below any additional pertinent information concerning the financial assets and obligations of your family that would be helpful in assessing financial need for the scholarship requested.

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\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**THIS SECTION IS TO BE FILLED OUT APPLICANT WITH NO PARENTAL RESPONSIBILITY**

Applicant's  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Spouse's  
Name: \_\_\_\_\_  
(if applicable)

Dependents: \_\_\_\_\_

Relationship: \_\_\_\_\_

Occupations:

Applicant: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Spouse: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Applicant's Statement:

Please provide below any additional pertinent information concerning the financial assets and obligations of your family that would be helpful in assessing financial need for the scholarship requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

***** office use only*****	
date mailed: _____	photo: _____ transcripts: _____ references: _____
date rec'd: _____	financial calc: _____ agri related: _____ score: _____
app #: _____	awarded: _____ letter: _____ check mailed: _____