

# 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:
#1) _____	<b><i>applied/accepted</i></b>
#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 disqualifies 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 (Beginning with High School)	Years of 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 ? \_\_\_\_\_

\_\_\_\_\_

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 (Please include earnings of spouse, if applicable)
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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**N**

A. Applicant's statement

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

- 1. that I will use the proceeds of the scholarship grant toward the payment of my college expenses;
- 2. 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): \_\_\_\_\_

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

Applicant's name:

\_\_\_\_\_

Other children:

\_\_\_\_\_

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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*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.*

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

\_\_\_\_\_  
Date

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