

APPLICATION FOR THE ABBIE SARGENT MEMORIAL SCHOLARSHIP

Please return completed application with required documents to:

Diane Clary, Treasurer
Abbie Sargent Memorial Scholarship
295 Sheep Davis Road
Concord, New Hampshire 03301

The deadline for returning the completed application is April 15, 2020.

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 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 |
|----|--|------------------------|----------------|
| | <hr/> | | |
| | <hr/> | | |
| | <hr/> | | |
| b. | <i>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.</i> | | |
| c. | Proposed occupation or profession <hr/> | | |
| d. | Have you fulfilled the qualification for entrance to the college of your choice? <hr/> | | |
| | <hr/> | | |
| e. | How are your educational goals agriculturally related?
<hr/>
<hr/>
<hr/> | | |

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	
Expenses:				Income:
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> _____ _____ _____
Total				Total

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.

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

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

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

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: _____ Ag Related: _____ Score: _____
App #: _____	Awarded: _____ Letter: _____ Check Mailed: _____