# APPLICATION FOR THE
# ABBIE SARGENT MEMORIAL SCHOLARSHIP

**Please return completed application with required documents to:**

Leandra Pritchard, Treasurer
Abbie Sargent Memorial Scholarship
295 Sheep Davis Road, Concord, NH 03301
Or by email: leandrap@nhfarmbureau.org

**The application must be postmarked by <u>May 15, 2022</u> to be eligible.**

The applicant must be:

- A resident of New Hampshire.

- A graduate of an approved public/private high school with average or better grades.

- Able to establish a financial need.

- Dependable and must have shown acceptance of responsibility.

- A full or part-time student at an institution of higher learning.

**<u>Preference will be given to those involved in agriculturally related studies. Previous scholarship recipients may reapply.</u>**

**PERSONAL INFORMATION**

Name:_____

Home Address: _____

Date of Birth: _____

Student Cell #:_____  Home Phone #: _____

Email: _____

**If you are recipient of the scholarship, you will be asked to submit an electronic photo for publicity materials.**

**EDUCATION**

**Indicate below your educational experience. Include a copy of your most recent Official Transcript.**

| Name & Address of School/College | Years Attended | Diploma/Degree |
|---|---|---|

_____

_____

_____

**List the name and address of the College/University you are attending or up to three if decision has not been made.**

1.  _____

2.  _____

3.  _____

**ESSAY**

Please include an essay about your extra-curricular activities, work experience, community involvement, and plans for your future. Also indicate why the Trustees should consider you for this scholarship and how it would enhance your post-secondary educational experience.

**REFERENCES**

Please give the names and addresses of **two** individuals from your community as character references.

**Attach an original signed letter from each person with your application.**

     **1.** _____

     **2.** _____

**CERTIFICATION**

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