

Sarah Dow MacGregor Scholarship
6 Pinnacle Hill Road
New Hampton, NH 03256
APPLICATION FOR SCHOLARSHIP
College Student

Date_____

Please fill out this form completely and accurately. No consideration can be given to applications not fully completed. Note that Page 4 of this form should be filled out by your parent or guardian. Return your application to the committee on or before May 31, 2019 no later than 3:00 pm. The committee will be meeting on June 1, 2019. Late applications will not be accepted. The information given on this application by you and your parent or guardian will be held in strict confidence by the Scholarship Awards Committee. Applicant must have resided in New Hampton for the previous two years.

1. Applicant's full name: _____ Age: _____
2. Physical address: _____
Mailing address if different: _____
Phone number: _____
3. Name of school you now attend: _____

If presently in college, what year will you begin in Sept. 2019 ?

Sophomore Junior Senior

BE SURE TO ENCLOSE A TRANSCRIPT OF ALL COLLEGE WORK.

Essay

Please include with this packet a written statement explaining your plans for your education and career. If there is any information which will help the committee understand your needs, and which you have not given elsewhere in this application, you may give it in this statement.

Your goals, as expressed in this statement, will represent a major factor in the consideration given to your application by the Scholarship Awards Committee. If this is a reapplication be sure to include any changes in your educational and career plans.

Applicant's Work Experience and Financial Statement

1. List your part or full time gainful employment for the past four years?

<u>Year</u>	<u>Job description</u>	<u>Gross Amount Earned</u>
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2. What savings do you have at the present time? \$ _____

2A. Do you receive Social Security Survivor Benefits? _____ If yes, what are your monthly benefits? _____

3. Do you assist your family financially? If yes, explain: _____

4. Estimate of your educational expenses for next year.

A. Tuition \$ _____ Fees \$ _____

B. Room and board (college or other) \$ _____

C. Books and supplies \$ _____

D. Other supplies (specify) \$ _____

E. Transportation \$ _____

Use
the back of
this page for any
details.

5. How do you expect to meet these expenses? List all anticipated contributions in dollar amounts.

From your family? \$ _____

From your savings? \$ _____

From summer work? \$ _____

From other sources? \$ _____

6. Have you received a Sarah MacGregor Scholarship previously? _____
When? _____
Amount? _____

7. List financial aid and amounts you will receive or expect to receive for the next school year for education. List all scholarship aid for which you have applied.

8. List your brothers and sisters, starting with the eldest and give the age of each.

The statements in this application are true to the best of my knowledge.

Signed _____
Parent or Guardian

Signed _____
Applicant

Date _____

Family's Financial Statement

This part of the application should be filled in by the applicant's parent or guardian. If applicant has no living father or male guardian, omit lines 2 , 3, 4. If no living mother or female guardian, omit lines 5, 6, 7.

1. Applicant's full name: _____

2. Name of father or male guardian; (Indicate which) _____

3. By whom employed: _____ Type of work: _____

4. Annual gross income from all sources: _____

5. Name of mother or female guardian: (Indicate which) _____

6. By whom employed: _____ Type of work _____

7. Annual gross income from all sources: _____

8. Does anyone else contribute to family income?: _____

If so give names, relationship, and total annual contribution : _____

9. Total family income: (4 plus 7 plus 8) : _____

10 . List all real estate owned by applicant's family - describe simply, such as "house and lot " giving assessed valuation and present outstanding mortgage if any.

Property

Assessed Valuation

Present Mortgage

11. Other assets:

Other liabilities:

12. Give make, model, and year of all family automobiles now owned. _____

13 . List all persons dependent on you and the relationship of each to you, Which, if any, are now attending college or other private schools?

14. Miscellaneous hardship expenses , describe and include amounts. _____

Signature of parents or guardians: _____

Date _____

Return the completed application no later than May 31, 2019, by 3:00 PM to:

Sarah Dow MacGregor Scholarship Committee
New Hampton Town Office
6 Pinnacle Hill Road
New Hampton, NH 03246