

## TOWN OF SEABROOK SCHOLARSHIP

### INFORMATION CONCERNING THE APPLICATION

1. SOURCE OF THE FUND:

This scholarship fund consists of franchise fees from Comcast, and donations from Yankee Greyhound Racing Inc., for the purpose of providing educational scholarships to residents of the Town of Seabrook, NH.

2. ELIGIBILITY:

Applicant must be a resident of the Town of Seabrook.

Show need of financial assistance.

Demonstrate a desire to learn.

Applications must be received no later than 4:00 PM on April 20th to be considered.

All questions must be answered fully, if applicable.

3. CONFIDENTIALITY:

The Committee will keep confidential all data it may possess concerning candidates for the scholarships. By placing your signature on the application, an applicant agrees to such further investigation of personal, financial and scholastic characteristics as may be necessary in fulfilling the functions of the Committee.

4. TERMS OF SCHOLARSHIP BENEFITS:

Awards will be made annually and on a competitive basis. To qualified high school graduates that are pursuing a College Associate or Bachelor's degree or equivalent of no greater than four (4) years. The Committee will determine amounts of the awards.

5. PAYMENT OF SCHOLARSHIP AWARD:

Scholarship payment for recipient will be made available for the beginning of the student's second semester of study. This check will be deposited with the treasurer of the designated institution as a contribution towards the expense of tuition, fees, and other service charges regularly collected by the business office of the institution. If the Scholarship is not used, the check must be returned.

6. DECISIONS:

**ALL DECISIONS OF THE COMMITTEE SHALL BE FINAL.**

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### FOLLOW THESE INSTRUCTIONS IN PREPARING YOUR APPLICATION

1. The spaces provided for answers may not be long enough; you may extend your explanation onto a separate sheet of paper. Applicants are encouraged to use separate sheets of paper for additional information, which may be useful to the Committee. This could be for extra activities such as community service, scholastic honors, athletic teams, debates, publications, conferences, hobbies, etc.
2. Applicant's grades **must be included** with the application. Applicants that are continuing into their second year of advanced education shall include with their application the grades they received from the institution they previously attended (**NOT HIGH SCHOOL GRADES**). A student that is attending a beautician or similar school, which does not provide grades similar to a college, shall provide a written progress report from that school reflecting their most recent performance. Grades must be the **school's official transcript** (displaying validation). **It is the applicant's responsibility** that this information is with their application no later than **APRIL 20TH** of that year. An applicant must **not rely** upon the institution to mail progress reports in to our office on time.
3. Submit this application by APRIL 20TH with its attachments to THE TOWN OF SEABROOK, SCHOLARSHIP FUNDS COMMITTEE, PO BOX 456, SEABROOK, NH 03874.

**APPLICATION TO THE TOWN OF SEABROOK SCHOLARSHIP FUNDS COMMITTEE**

20 \_\_\_\_\_ - 20 \_\_\_\_\_ School Year

I, \_\_\_\_\_, of Seabrook, New Hampshire, submit herewith an application for a scholarship. I plan to enter my \_\_\_\_\_ year of school or college.  
(1st, 2nd, 3rd, etc.)

1. Applicant \_\_\_\_\_  
Last Name First Name Middle Initial

2. Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

3. Home Address \_\_\_\_\_  
Complex Building # Unit #

Street Town State Zip

4. Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

5. WHOM YOU RESIDE WITH

Name (father, husband, other) \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Town State Zip

Telephone Number \_\_\_\_\_

5. WHOM YOU RESIDE WITH

Name (mother, wife, other) \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Town State Zip

Telephone Number \_\_\_\_\_

7. Other/or children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

8. Total number of family members who will be attending a post-secondary school at least 1/2 time during the current school year, including applicant \_\_\_\_\_.

9. Other dependents on family income \_\_\_\_\_.

10. INCOME, EXPENSE AND ASSET DATA FOR THE YEAR -- JANUARY 01 TO DECEMBER 31, 20\_\_\_\_ .

The following information was obtained from

\_\_\_\_\_ A completed tax return -IRS Form 1040 filing date of April 15, 20\_\_\_\_ .

\_\_\_\_\_ Estimates based on current income information to be filed April 15, 20\_\_\_\_ .

- A. Income earned by applicant \$ \_\_\_\_\_
- Income earned by father, husband \$ \_\_\_\_\_
- Income earned by mother, wife \$ \_\_\_\_\_
- B. Untaxed income and benefits \$ \_\_\_\_\_
- C. Medical / Dental expenses not paid by insurance \$ \_\_\_\_\_
- D. Total number of exemptions \_\_\_\_\_

11. FINANCIAL OVERVIEW - COST OF

Tuition \$ _____	Room \$ _____	Board \$ _____
Books \$ _____	Laundry \$ _____	Clothing \$ _____
Transportation \$ _____	Course Fees \$ _____	Other \$ _____

TOTAL REQUIRED FOR ACADEMIC YEAR \$ \_\_\_\_\_  
(total of all costs)

- 12. Applicant total Savings \$ \_\_\_\_\_
- Probable income from work \$ \_\_\_\_\_
- Contributions from parents \$ \_\_\_\_\_
- Others \$ \_\_\_\_\_
- Other Scholarships \$ \_\_\_\_\_
- Total cash assets available \$ \_\_\_\_\_  
(total of all above)

13. Other scholarships, grants, work studies and loans you are seeking or have been awarded:

<u>SOURCE</u>	<u>AMOUNT SOUGHT OR RECEIVED</u>	<u>GRANTED/PENDING</u>
A _____	_____	_____
B _____	_____	_____
C _____	_____	_____
D _____	_____	_____

14. Please list how you spent your past three (3) summers: employment, volunteer work, summer school, etc.

<u>EMPLOYER</u>	<u>POSITION</u>	<u>DATES</u>	<u>APPROX. EARNINGS</u>

15. Do you plan to work while at school? \_\_\_\_\_

**EDUCATIONAL OBJECTIVES AND EDUCATIONAL INSTITUTIONS**

16. School applied to in order of preference:

<u>SCHOOL</u>	<u>ADDRESS</u>	<u>DATE OF ACCEPTANCE</u>

17. Have you visited the institution that you plan to attend? YES \_\_\_\_\_ NO \_\_\_\_\_

18. What course of study do you plan to pursue? \_\_\_\_\_

19. What degree or certificate do you need? \_\_\_\_\_

20. What is the length of your educational program? \_\_\_\_\_

21. What is your career plan? \_\_\_\_\_

22. High Schools attended \_\_\_\_\_

23. High School courses taken \_\_\_\_\_

**HIGH SCHOOL EXTRA CURRICULAR ACTIVITIES**

24. In and out of school list your interests, activities, special talents, awards, offices held, etc., which you believe have contributed to your own development. Please explain briefly your degree of involvement. Where it is appropriate, use the figures 1, 2, 3, 4 to indicate freshman, sophomore, junior or senior years.

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COLLEGE STUDENTS -----ADDITIONAL INFORMATION

YOU MUST SUBMIT AN OFFICIAL TRANSCRIPT OF YOUR LATEST GRADES. GRADES MUST BE THE SCHOOL'S OFFICIAL TRANSCRIPT, DISPLAYING VALIDATION.

- 25. Extra Curricular Activities.
  - A. List membership in clubs and societies. Describe the purpose of each organization.
  - B. What hobbies have you maintained?
  - C. List participation in any sports.
  - D. Other activities.
- 26. Employment on or off campus.  
Does this work supplement your college tuition or fees? \_\_\_\_\_
- 27. Describe any awards or special achievements you have received.
- 28. Describe your professional expectations.
- 29. Do you own a car? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, how often each week do you use it?
- 30. Describe any skills obtained in college that you use regularly.
- 31. Additional comments.

**CERTIFICATION AND SIGNATURES**

All of the information on this form is true and complete to the best of my/our knowledge. If asked by an authorized official of the Committee, I/we agree to give proof of the information that I/we have given on this form. I/we realize that this proof may include a copy of my/our 20\_\_\_\_ US and/or state income tax return. I/we also realize that if I/we do not give proof when asked, the applicant may not receive aid.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT SS# OR SCHOOL ID#

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
MOTHER'S SIGNATURE

DATE COMPLETED: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

**DID YOU INCLUDE YOUR MOST CURRENT GRADES?** YES \_\_\_\_\_ NO \_\_\_\_\_