## Application for Scholarship

## Town of Rindge, New Hampshire Trust Funds

st Funds \*RINDGE RESIDENCE REQUIRED

\*\*PLEASE PRINT ALL INFORMATION\*\*

	NEW APPLICANT II	NFORMATION
Applicant NAME:		Application DATE:
ADDRESS:		TELEPHONE #:
CITY, STATE, ZIP: R	INDGE, NEW HAMPSHIRE 03461 *	Applicant DOB:
**Parents and/or Students	s Email:	
SCHOOLING: Please list no	ame of school, your grade average, and class	ss rank.
High School:		<del></del>
Other:		
		Grade Average: Class Rank:
ACTIVITIES: Please list all (Such as hono	membership and participation in school and or society, sports, church, scouts, recreation,	community organizations and activities: , etc.)
EMPLOYMENT: Please lis	st any current employers. SALARY HRS/WEE	EK DATES EMPLOYED JOB DESCRIPTION
NAME	PARENT / GUARDIAI ADDRESS (if different from above)	N INFORMATION  EMPLOYER OCCUPATION
Father:		
Mother:		The state of the s
Other:		
Please list all other family of	dependent children with their age.	
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S	SCHOOL / COLLEGE INFORMATIO	ON [where you will be attending]
SCHOOL NAME:		Tuition:
ADDRESS:		Yearly Amount
CITY, STATE, ZIP:		Room/Board:
MAJOR:		
	APPLICATION RE	EQUIREMENTS
High School	Seniors – Applications must be submitted or	n or before May 1st with the attachments listed below.
<ul><li>Parents or Gu tax return.)</li></ul>	ardian's most recent completed tax return (to	to include Adjusted Gross Income (AGI) and signature page
☐ Copy of your f ☐ Applicant's es ☐ Copy of school	financial aid award letter from your college. ( say. (on separate sheet)	(ii none – piease note tilis.)
		COLUMN ALLIAN DE LECTION
APPLICANT	LACK OF ITEMS LISTED ABOV	VE CAN CAUSE REJECTION. PARENT / GUARDIAN

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