

# Application for Scholarship

## Town of Rindge, New Hampshire

### Trust Funds

\*RINDGE RESIDENCE REQUIRED

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

#### RETURNING APPLICANT INFORMATION

Applicant NAME:	Application DATE:
ADDRESS:	TELEPHONE #:
CITY, STATE, ZIP: <b>RINDGE, NEW HAMPSHIRE 03461</b>	Applicant DOB:
<b>Parents and/or Students Email:</b>	
SCHOOLING: <i>Please list name of school, upcoming year being applied for and current grade point average.</i>	
Upcoming Class Year _____	
College: _____	
Other: _____	Current GPA: _____

APPLICANT EMPLOYMENT: *Please list any current employers.*

EMPLOYER	ADDRESS	SALARY	HRS/WEEK	DATES EMPLOYED	JOB DESCRIPTION

#### PARENT / GUARDIAN INFORMATION

NAME	ADDRESS	EMPLOYER	OCCUPATION
Father:			
Mother:			
Other:			

*Please list all other family dependent children with their age.*

#### SCHOOL / COLLEGE INFORMATION

SCHOOL NAME:	<div style="display: flex; justify-content: space-between;"> <div>Yearly</div> <div> Tuition: \$ _____  Room/Board: \$ _____      </div> </div>
ADDRESS:	
CITY, STATE, ZIP:	
MAJOR:	

#### APPLICATION REQUIREMENTS

College Students – Applications must be submitted on or before June 30th with the attachments listed below.

- ☐ Parents or Guardian's most recent tax return **(to include Adjusted Gross Income (AGI) and signature page of tax return.)**
- ☐ Copy of your financial aid award letter from your college, and/or tuition bill statement - if no financial aid award statement.
- ☐ Copy of current college transcript. (does not need to be an official one)

**LACK OF ITEMS LISTED ABOVE WILL CAUSE REJECTION.**

APPLICANT SIGNATURE:	PARENT / GUARDIAN SIGNATURE:
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**SUBMIT TO: TRUSTEES OF TRUST FUNDS, P.O. BOX 67, RINDGE, NH 03461  
ON OR BEFORE JUNE 30th. NO EXCEPTIONS UNLESS GRANTED BY TRUSTEES.**

*The funds for awarded scholarships are distributed after the New Year - upon receipt of your completed fall semester transcript.*