



SCHOLARSHIP APPLICATION

Please type or print clearly

1. Name _____ Date of Birth _____
2. Address (street) _____
Address (mailing) _____
Email Address _____
3. Telephone (home/cell) _____ (work) _____

4. High School/GED graduated from _____
Year Graduated _____

5. School you are attending _____
Years completed to date _____

Note: Please provide proof of enrollment, i.e. Letter of Acceptance

6. Subject area or certification being pursued _____

7. Estimate of education expenses per year:

1. Tuition	\$ _____
2. Fees, books, etc.	\$ _____
3. Room & Board	\$ _____
4. Transportation	\$ _____
5. Other expenses	\$ _____
Total expenses	\$ _____

8. How do you plan to meet these education expenses?
Please estimate per year what you expect to receive from:

1. Spouse and/or parents	\$ _____
2. Your own earnings/savings	\$ _____
3. Scholarship or grants	\$ _____
4. Financial Aid	\$ _____

5. Government/bank loans \$ _____
 6. Other sources \$ _____
 Please specify: _____
 TOTAL \$ _____

9. List memberships and participation in school and community orgs. and activities; including number of years in each, honors, awards or other achievements.

****Please provide a short essay listing your short-term and long-term goals – please attach a separate sheet.**

11. Please describe any unusual circumstances you feel may warrant attention for financial consideration – please attach a separate sheet if needed.

12. Please attach 2 **current** letters of recommendation from an employer, clergy person, teacher, counselor, etc.

13. Completed application must be received **by Monday, March, 31, 2025.**

14. Completed applications for First Responders must be received no later than three weeks prior to start of program or when funds are due.

15. Mail to:

**Altrusa Int'l Foundation of Meredith, NH
 Scholarship
 P.O. Box 760
 Meredith, NH 03253**

For further information please call Cindy Day at 484-576-0805.

Signature: _____ Date: _____