



Christine Powers Memorial Scholarship Fund Application

For students residing in the towns of:
Effingham, Freedom, Madison, Ossipee, Sandwich, Tamworth

Student Name: _____

Mailing Address: _____

Physical Address: _____

Town/City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Date of Birth:** _____

Applicant Lives with: Mother & Father Mother Father Guardian

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Guardian's Name: _____ Occupation: _____

Total number of dependents claimed by parents/guardian for IRS: _____

I am a: High School Senior Graduate Student
 Undergraduate Student GED Degree Student
 High School Graduate, never enrolled in college Adult Education

School: _____ **Graduation Date:** _____

What is your class rank? _____ of _____ graduates. Based on _____ semesters.

What is your cumulative Grade Point Average? _____ on a _____ scale.
Based on _____ semesters. (College students, provide current GPA, not High School GPA)

Activities: On a separate sheet, list all of your high school activities, honors, community service, projects, hobbies or interests. (Typed Please)

Educational/Career Goals: On a separate sheet, please tell us about your educational and career goals including why you are pursuing this area of interest. (Typed please)

Field Of Study: _____

Length Of Program: Certificate Program 2 Year Program
 4 Year Program Graduate Program Other

Have you been accepted to college? Yes No Unknown

Name of College(s) applied to: _____

Estimated cost of Tuition (include housing, materials): \$ _____

Parents' and/or Guardians' combined annual income: (Check only one and the information should match W-2's, or what is reported on income tax forms and noted on your Student Aid Report)

- | | | |
|--|--|--|
| <input type="checkbox"/> Under 5,000 | <input type="checkbox"/> 25,001-30,000 | <input type="checkbox"/> 55,001-60,000 |
| <input type="checkbox"/> 5,000-10,000 | <input type="checkbox"/> 30,001-35,000 | <input type="checkbox"/> 60,001-70,000 |
| <input type="checkbox"/> 10,001-15,000 | <input type="checkbox"/> 35,001-40,000 | <input type="checkbox"/> 70,001 & up |
| <input type="checkbox"/> 15,001-20,000 | <input type="checkbox"/> 40,001-45,000 | |
| <input type="checkbox"/> 20,001-25,000 | <input type="checkbox"/> 45,001-50,000 | |

Student's total contribution: \$ _____

Have you currently completed a Financial Aid Package? Yes No

What do you expect will be the gap between cost of college and what your family can contribute? _____

Do you have any unusual personal, financial or family circumstances that warrant special attention by the selection committee? _____

Recommendation: *Include three recommendations with this application (school counselor, teacher, professor, community or religious leader or other person in authority who knows you and your accomplishments).*

Certification: *I certify that the information on this form is true and complete to the best of my knowledge. I understand that all information will be kept confidential, and reviewed by the Christine Powers Memorial Scholarship Fund Committee.*

Transcript: *Copies of your high school senior or college transcript including extra-curricular activities and test scores must be attached. All information will be treated by the scholarship committee as confidential.*

Student's Signature: _____ **Date:** _____

Parent or Guardian: _____ **Date:** _____

Greater Ossipee Area Chamber of Commerce
86 Main Street, PO Box 323
Center Ossipee, NH 03814
(603) 539-6201

❖ **Note: Failure to answer any question(s), may result in disqualification for scholarship.**

❖ **Deadline to submit application is May 01, 2011**