



Christine Powers Memorial Scholarship Fund Application

For students residing in the towns of:

Effingham, Freedom, Madison, Ossipee, Sandwich, Tamworth

PERSONAL INFORMATION

Student Name: _____

Town of Residence: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

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

Applicant Lives with: Mother & Father Mother Father Guardian

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Total number of dependents claimed by parents 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:** _____

ACTIVITIES: *List all community and school activities in which you have participated. Include sports, student government, volunteer projects, etc. (Attach an additional sheet if necessary.)*

<u>Activity</u>	<u>How Long</u>	<u>Special Honors</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FIELD OF STUDY: _____

CAREER GOALS: *Write a short statement about your career goals.*

LENGTH OF MAJOR: 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: _____



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

Parents' and/or Guardians' gross annual income: \$ _____

Student's total contribution: \$ _____

Have you currently completed a Financial Aid Package? Yes No

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

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