



## GOACC Scholarship 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)

**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):** \$ \_\_\_\_\_

**Have you currently completed a Financial Aid Package?**  Yes  No

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

**Student's total contribution:** \$ \_\_\_\_\_

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

**Activities:** *On a separate sheet, list all of your high school/college 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)*

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

**SAR:** *A copy of your SAR (Page 1 only)*

*Please submit copy of **financial package** from college/school you plan to attend*

**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 GOACC Scholarship Fund Committee.*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Greater Ossipee Area Chamber of Commerce**

PO Box 121  
West Ossipee, NH 03890-0121  
(603) 651-1600

- ❖ *Note: Failure to answer any question(s), may result in disqualification for scholarship.*
- ❖ *Deadline to submit application is May 1<sup>st</sup> of the current year.*