



GOACC Higher Education Scholarship Application

For students/adults 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): _____

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 one recommendation with this application (school counselor, teacher, professor, community or religious leader or other person [who is not a family member] in authority who knows you and your accomplishments).*

Activities: *On a Separate sheet, list all of your activities, honors, community service, employment, /projects, hobbies or interests. (Typed please)*

Education/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 including extra-curricular activities and 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 a copy of the **Financial Package** from the 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 Christine Powers Memorial 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 April 26, 2024.**