

Souhegan Valley Dollars for SCHOLARS®



SCHOLARSHIP AMERICA

SOUHEGAN VALLEY CHAPTER PO BOX 713 MILFORD, NH 03055 <http://milfordnh.com/dollars>

ENROLLED COLLEGE STUDENTS 2010 Scholarship Application

**To help us with our overhead, please submit two copies of pp. 1, 2, and 3.
Do not staple the pages together; please use a paperclip.**

Scholarships are offered to enrolled college students who reside in Milford, NH. These scholarships are offered to students returning to full-time post-secondary education in a vocational school, junior college, college, or university.

Awards are based on merit and need. Merit is the relative degree of motivation displayed by the applicant in such matters as overall academic performance, involvement with and contributions to school and community organizations, and earning and saving money for his/her education. Need is the relative inability of the student to meet the cost of his/her post-secondary education.

All applications are reviewed by a Scholarship Committee. **It is in your own best interest to make this information as complete and accurate as possible.** All information on the application is handled in the strictest confidence. Make full use of the questions that describe any unusual circumstances that could affect your relative need.

THIS APPLICATION MUST BE ACCOMPANIED BY AN OFFICIAL TRANSCRIPT

Request your TRANSCRIPT immediately; some colleges take 2-3 weeks!

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

If you have any questions concerning the application process, you may contact:

Anne Burke 673-3178

Mail transcript, application, FAQ and other financial forms to:

**Dollars for Scholars, Attn. Anne Burke
37 Brookview Ct.
Milford, NH 03055**

DEADLINE FOR POSTMARK ON FINANCIAL, TRANSCRIPT & APPLICATION IS:

April 8, 2010

NO EXCEPTIONS TO THIS DEADLINE.

***IMPORTANT:** *If your final college selection changes your answers to Questions 10, 11, 12, & 13, then you must notify Anne Burke **immediately**. Failure to do so could mean loss of eligibility to receive a scholarship.*

Email address _____

Social Security#: _____

1. Name: _____ Date of Birth: _____
Last First Middle Initial

2. Home Address: _____ Home Telephone: _____
Street/P.O. Box Town

3. High School Attended: _____ High School Graduation Date: _____

4. Post-Secondary School of Applicant's Choice: _____
Name Address

5. In September you will enter your Freshman _____ Sophomore _____ Junior _____ Senior _____ year.

6. What is your intended field of study? _____ Full time _____ Part time _____

7. Number of years to complete your course of study? _____

8. Expected graduation date from this program: _____ Degree: _____

9. Will live on campus: _____ Will live off campus: _____ Will commute: _____

*10. Total Cost of Tuition only..... \$ _____

*11. Total Cost of Room and Board only (if applicable)\$ _____

*12. Other anticipated expenses: (books, lab fees, supplies, transportation, etc.)..... \$ _____

***13. Commuting Students:**

A. Total cost of yearly meal plan at your college
(supply this figure even if you elect not to use it..... \$ _____

B. Total number of weeks you will be using your vehicle commuting to and from college in a year..... \$ _____

C. Total number of miles commuted per week..... \$ _____

14. Father's Name: _____ Mother's Name: _____

15. Father's Occupation and Employer: _____ Father's email: _____

16. Mother's Occupation and Employer: _____ Mother's email: _____

17. Age of Siblings: _____

***IMPORTANT:** If your final college selection changes your answers to Questions 10, 11, 12, & 13, then you must notify **Anne Burke 673-3178**, immediately. Failure to do so could mean loss of eligibility to receive a scholarship.

Please submit two copies of this page, as well as pp 2 and 3.

18. List **ONLY** employment from **1/1/2009 to 12/31/2009**. Include: work study, vacations, summer, detailing period worked, hours per week, and earnings. List part time and full time employment separately (even if with the same employer)

Employer & Position	Month/Yr. Date From	Month/Yr. Date To	Hrs./Week	Total Gross Amount Earned

19. What were your earnings from **Jan. 1, 2009 to Dec. 31, 2009 (this year only)**?..... \$ _____

20. How much of Question #19 did you use toward expenses directly related to college e.g. books, fees, tuition? \$ _____

21. Explain how you used the balance of your earnings. \$ _____

22. Explain any extraordinary family circumstances that affect your or your parents' (guardians') ability to contribute to your education. Be specific and give dates:

23. List your extracurricular activities for the 2009-2010 school year. Include offices held, student government, music, sports, etc. and community or service activities in which you have participated without monetary compensation. List any honors or awards received.

Activity & Dates of Participation	Special Awards/Honors

24. List all "Dollars for Scholars" Fund Raising activities in which you and/or your family have participated in between March 2009 –March 2010.

Place a checkmark next to activity and write date(s) and details of participation:

- *DFS Officer _____
- *Attendance at most meetings _____
- *Election Day Bake Sale Worker _____
- *Pumpkin Festival Worker _____
- *MHS Play Bake Sale Worker _____
- *Phone-a-thon Worker _____
- *Carnival (posters or clean-up) _____
- *Car Wash Worker _____
- *Town Deliberative Session Worker _____
- *Other Activities _____

25. In 100 words or less, outline your educational and career aspirations and goals for the future. Omit past accomplishments. **Be very specific.** You may wish to consider the following questions when formulating your answer: What degree do you plan to get? What do you plan to do after college? What personal goals do you have (long & short term)?

***IMPORTANT:** *If your final college selection changes your answers to Questions 10, 11, 12, & 13, then you must notify Anne Burke at 673-3178 immediately. Failure to do so could mean loss of eligibility to receive a scholarship.*

THIS APPLICATION MUST BE ACCOMPANIED BY AN OFFICIAL TRANSCRIPT

(Do **not** remove the transcript from its sealed envelope.)

NOTE: Some colleges take 2-3 weeks to process your transcript.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I understand that this application cannot be processed if it is not complete.

Signature of Applicant: _____

Date: _____

Social Security #: _____

Mail transcript, application, FAQ, and other financial forms to:

**Dollars for Scholars, Attn Anne Burke
37 Brookview Ct.
Milford, NH 03055**

This application will require extra postage. If you wait until the last day to mail this application, be sure to have it postmarked in your presence by a postal clerk.

DEADLINE FOR POSTMARK OF FINANCIAL FORMS, TRANSCRIPT & APPLICATION IS:

April 8, 2010

NO EXCEPTIONS TO THIS DEADLINE.

*Reminder: We need two copies of pages 1, 2, and 3.
We only need one copy of the financial section, pages 5 and 6.
You might want to keep a copy of the entire application for your records.*

We cannot accept electronic copies of your application.

We prefer that you paperclip rather than staple the pages.

INSTRUCTIONS FOR COMPLETING THE FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ)

- A. APPLICANT INFORMATION: The scholarship applicant's name should appear on the first line on the FAQ; however, the questionnaire must be completed by the parents of the applicant. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her financial information.
- B. PARENTS' INCOME, EXPENSE AND ASSET DATA: Information on this form must be from the parents' completed tax return or based on estimated information to be filed by April 15, 2010. Be sure to check the appropriate box.
1. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
 2. **Total Federal Tax Paid** includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is not the amount withheld from employee paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do not report state income tax.
 3. **Total Income** earned should be reported individually for both parents. If the student resides with only one parent, CSFA prefers to receive financial information from both natural parents, when possible. Financial information must be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. If necessary, two Financial Data sections may be submitted by the student. A copy of the Financial Data section may be made in order for one to be completed by each parent.
 4. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
 5. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
 6. **Total cash, checking, savings, cash value of stocks, etc.** include liquid assets that can be used for educational expenses. Not included are IRA, 401K, or other retirement plan funds.
 7. **Total number of family members** living in the household and primarily supported by the above income includes dependent college students living away from home.
- C. ADDITIONAL INFORMATION: Be sure to check the appropriate box giving the current marital status of the persons for whom financial information is being submitted.
- Include the total number of **all** family members attending post-secondary school at least half time. (Post-secondary school includes any two- or four-year college or vocational school.) **Be sure to include the applicant in this number.**
- D. CERTIFICATION AND SIGNATURES: This form must be signed by both the student and the parent completing the FAQ. Parents' signature is not required for an independent student. Please read the certification.
- E. GUARDING YOUR PRIVACY: The financial pages (5 & 6) are reviewed by only one person, our treasurer, and are shredded after the awards are made.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to DFS in writing.

FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ) for 2010-11 school year

Souhegan Valley Chapter, Dollars for Scholars

***See reverse side for instructions to assist in completing this form**

A. STUDENT

- Mr.
 Ms.

Last Name	First Name	Middle Initial	Social Security Number
Permanent Mailing Address: _____			
#	Street	Apartment #	

City	State	Zip	() Daytime Phone Number

B. PARENTS' INCOME, EXPENSE, AND ASSET DATA (FOR THE YEAR JANUARY 1, 2009 TO DECEMBER 31, 2009)

The applicant's parent(s) must complete the following section. **NOTE:** If legally classified as an independent student, use this section to supply your (and your spouse's, if any) financial information. Indicate whether the information is from:

- Estimates based on current income information to be filed by April 15, 2010
 A completed tax return - IRS FORM 1040 filing date of April 15, 2010

State of Residence (state where parents or independent student reside and pay state income tax) _____

1. Adjusted gross income (FORM 1040) \$ _____
2. Total federal tax paid (FORM 1040) \$ _____
3. Total income of father or self if independent student \$ _____
 Total income of mother \$ _____
4. Yearly untaxed income and benefits: Social Security, AFDC, child support, other \$ _____
5. Medical/Dental expenses not paid by insurance (exclude premiums) \$ _____
6. Total cash, checking, savings, cash value of stocks, etc. (exclude retirement plan funds, IRA, 401(k)) \$ _____
7. Total number of family members living in the household and primarily supported by the reported income # _____

C. ADDITIONAL INFORMATION

Parents' or independent student's current marital status is: single married separated divorced widowed

Total number of family members who will be attending a post-secondary school at least 1/2 time during the 2010-2011 school year, including applicant # _____

D. CERTIFICATION AND SIGNATURES

CERTIFICATION: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of CSFA, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) 2009 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked, the student may not get aid.

Applicant's Signature

Parent's Signature Father Mother
 (Not required for independent student)

Do you have legal custody of the student? Yes No
 Is the student your dependent? Yes No

 Date Completed



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Income Verification

Parent's Tax Forms and Income Information

For non-tax filers and all tax filers (includes the 2009 IRS Form 1040, 1040A, 1040EZ, TeleFile Tax Record, a tax return from Puerto Rico, or a foreign income tax return).

If you did not keep a copy of the 2009 tax return, request an RTFTP printout or Letter 1722 from the Internal Revenue Service or a copy from your tax preparer.

____ Check here and attach signed 2009 U.S. Federal Income Tax Return and **W-2 forms**.
Mail copies of forms 1040, 1040A, 1040EZ, & W-2 only. Do not send schedules.

____ Check here if you will not file and are not required to file a 2009 U.S. Federal Income Tax Return.
If you and/or your spouse did not file and are not required to file a 2009 Federal Income Tax Return, list below your employer(s) and any income received in 2009.

Sources (Use the W-2 form or other earnings statements.)	Amount
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_____	_____
_____	_____
_____	_____

Sign this Worksheet

By signing this worksheet, I (we) certify that all the information reported is complete and correct.

Student

Social Security#:

Father (step-father)

Date:

Mother (step-mother)

Date:

All financial information must be enclosed with your application. The entire application must be postmarked by **April 8, 2010**.

Please be aware that additional postage will be necessary.



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Transcript Request Form—to give to your Post-secondary School

(Name of School)

(Address of School)

Dear Registrar:

I am requesting an official transcript and transcript key.

I attended this school during the period of: _____

A check in the amount of \$ _____ is enclosed to cover your administrative costs.

____ PLEASE SEND TRANSCRIPT TO: Anne Burke
37 Brookview Ct.
Milford, NH 03055

OR

____ PLEASE ENCLOSE MY TRANSCRIPT IN A SEALED ENVELOPE FOR ME TO PICK UP.

Thank you for your prompt attention to this matter.

Sincerely,

(Student's name, including maiden name or name under which student was registered.)

(Student's current mailing address)

(Student's Social Security Number)

(Student's Signature)

(Date)