



# 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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