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Franklin Savings Bank Scholarship Fund

The Franklin Savings Bank Scholarship Fund was established in 1994 to benefit area students who are pursuing higher education. This fund represents the Bank's commitment to helping families afford advanced educational opportunities for their children who are enrolled in college full-time. This is one way in which Franklin Savings Bank gives back to the communities we have served since 1869.

The purpose of the Franklin Savings Bank Scholarship Fund is to provide scholarship assistance to selected high school graduating seniors who attend the following high schools: Franklin, Gilford, Merrimack, Merrimack Valley, Newfound Regional, Goffstown and Winnisquam Regional.

The deadline for applications is: **Friday April 7, 2023**

Please submit this completed application, including items listed below, to your high school's guidance office (do not send to Franklin Savings Bank).

Required materials include:

- ✓ Completed application form
- ✓ Most recent high school transcript
- ✓ Applicant appraisal
- ✓ Family financial data

Work Experience - or enclose a current resume

Employer

How Long?

Position Held

_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____

Describe your education and career goals.

Describe personal or family circumstances that make it necessary for you to seek aid for your education.

Ranking/GPA/PSAT or SAT

TO BE FILLED OUT BY A HIGH SCHOOL OFFICIAL

Student ranks _____ in a class of _____ Cumulative GPA _____ PSAT/SAT _____
(4.0 scale) verbal math

Signature

Title

Date

Transcript

You must include, with this application, your school transcript. DO NOT SEND SEPARATELY.

Certification

I certify that the information on this form is true and complete to the best of my knowledge. I understand that the financial information will be considered confidential, for review by my high school, the New Hampshire Charitable Foundation and members of the Franklin Savings Bank Scholarship Advisory Committee.

Student Signature

Date

Family Financial Data

If you are a dependent student, you and your parents must complete this form using information from your most recent IRS Tax Return. You are considered a dependent student if you are under 24 years of age.

If you are over 24, independent, information about you and your spouse (if applicable) must be included. You do not need to supply information from your parents. Figures should be taken from your most recent U.S. Income Tax Return. If you are under 24, you may claim independent status only if you have (1) served in the military or (2) are a ward of the courts (3) are married and living away from your parents or (4) have not been claimed on your parents' tax return for two consecutive years and have earned at least \$4,000 in each of those two years.

	student	parents or spouse
I am a <input type="checkbox"/> Dependent <input type="checkbox"/> Independent student		
1. Adjusted gross income	\$ _____	\$ _____
2. Total U.S. income tax paid	\$ _____	\$ _____
3. Income earned from work by self	\$ _____	\$ _____
4. Untaxed income and benefits (Child Support, AFDC, ADC, SSI, etc.)	\$ _____	\$ _____
5. Medical/Dental expenses not covered by insurance	\$ _____	\$ _____
6. Cash, savings, stocks, bonds, CDs, etc.	\$ _____	\$ _____
7. Net value of real estate holdings not used as primary residence (market value less balance of mortgage)	\$ _____	\$ _____
8. Total number of family members	\$ _____	\$ _____

ADDITIONAL INFORMATION

Parent's marital status: single married separated divorced widowed
 Your marital status: single married separated divorced widowed

Total number of family members attending college during the next academic year # _____

CERTIFICATION

I certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of NHCF, I (We) agree to give documentation for information given on this form. I (We) realize that this proof may include a copy of a U.S. tax return and/or state income tax return. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any aid.

Applicant Signature & Date

Parent (or spouse) & Date