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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 5, 2024

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:

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

Personal Information

Student Name				
	first	middle		last
Address				
	city		state	zip code
	() home phone		() mobile phone	
Email				
	(Email address is requ	uired, preferably a non-schoo	l email. This is how NHCF	communicates award details.)
Birth Date	//			
l am a	high school s	senior		
High School				/
5	school name			graduation date
School for which				/
aid is requested	school name, sta	ate		expected graduation date
	C	CHECK APPROPRIATE	CHOICE	
My School is:	🗖 4yr colle	ege/university	2yr college 🛛 vo	c/tech school 🛛 🖵 other
I will be enrolled:	🗖 full-tim	e 🛛 half-time or n	nore (6 + credits)	Iess than half-time
I will live:	🖵 on cam	ipus 🗖 off cam	pus 🗖 at ho	ome
Field of Study				
Activities (attach add participated. Include			•	activities in which you have

Activity	How Long?	Special Honors
	to/	

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.

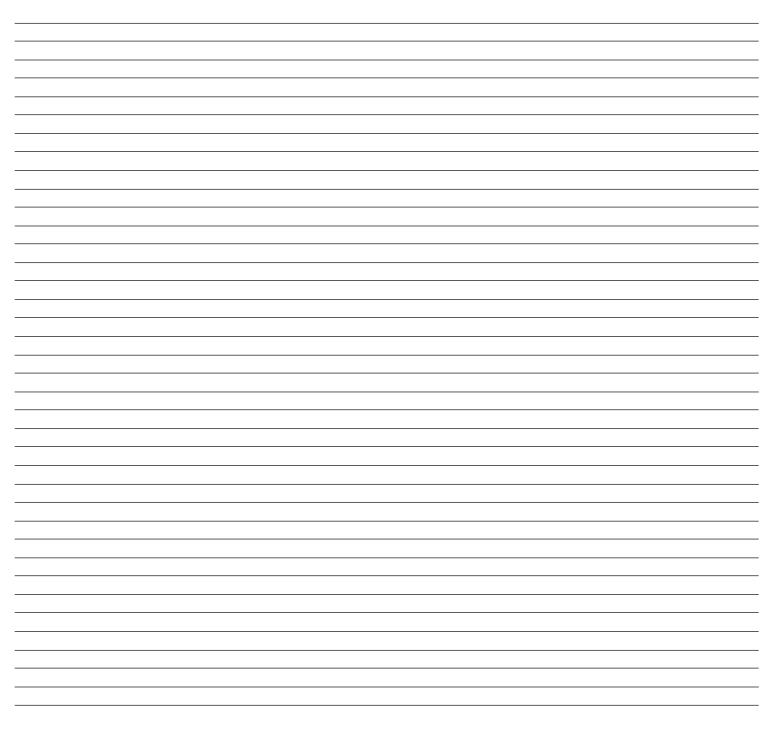
Certification

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.

Applicant Appraisal

This form is to be used by a school administrator, counselor, teacher, community, or religious leader, or other person in a position of authority who knows you and your accomplishments.

PLEASE USE THE SPACE PROVIDED BELOW and/or attach other pages (if necessary) to describe the student, and more specifically, the personal qualities which you believe are most representative of their character.



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 dependent 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 (I) served in the military, (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.

I am a 🗖 Dependent 📮 Independent student	student	parents or spouse
I. 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 reside (market value less balance of mortgage)	ence \$	_ \$
8. Total number of family members	\$	_ \$
ADDITIONAL INFORMATION Parent's marital status: Single Separat Your marital status: Single Separat	ed 🛛 divorced 🖾 widowed ed 💭 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