Franklin Savings Bank

Growing Stronger Together

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NEW HAMPSHIRE CHARITABLE FOUNDATION

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 application is **Friday, April 3, 2026**

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

Personal Information

Student Name _____
first middle last

Address _____

_____
city state zip code

(_____)_____(_____)_____
home phone mobile phone

Email _____
(Email address is required, preferably a non-school email. **This is how NHCF communicates award details**.)

Birth Date ___/___/____

I am a ❑ high school senior

High School _____ _____/_____
school name graduation date

College _____ _____/_____
school name, state expected graduation date

CHECK APPROPRIATE CHOICE

My School is: ❑ 4yr college/university ❑ 2yr college ❑ voc/tech school ❑ other

I will be enrolled: ❑ full-time ❑ half-time or more (6 + credits) ❑ less than half-time

I will live: ❑ on campus ❑ off campus ❑ at home

Field of Study _____

Activities (attach additional sheet if necessary) - List all community and school activities in which you have participated. Include sports, student government, volunteer projects, etc.

Activity	How Long?	Special Honors
_____	___/___to___/___	_____
_____	___/___to___/___	_____
_____	___/___to___/___	_____
_____	___/___to___/___	_____
_____	___/___to___/___	_____
_____	___/___to___/___	_____
_____	___/___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.

_____

Student Signature Date

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.

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 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 (l) 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
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