

Julia T. Pingree Student Scholarship

Application Instructions

New Hampshire Association of Education Office Professionals (NHAEOP) awards scholarships to graduating seniors from around the State who are pursuing a post-secondary education in a **business-related program**.

Eligibility requirements:

1. Applicant is pursuing further education in a business-related program.
2. Applicant is a graduating high school senior
3. Applicant has or will have completed four or more of the following courses from among the following:
 - a. Computer / Technology
 - b. Accounting / Bookkeeping
 - c. Financial Literacy
 - d. Marketing
 - e. Principles of Business
 - f. Business Law
 - g. Business Communications
 - h. Economics
 - i. Probability and Statistics

Directions:

1. Please completely fill out the entirety of this application.
2. Please attach all required documentation.
3. Please attach an *Essay 500 words or less, "Describe how your business career will have a positive impact on your community"*
4. Please include *ONE official transcript*.
5. Please include *ONE letter of recommendation*.
6. Return the completed application and packet no later than April 26 to Affiliation contact person:

Patti Kallander
NHAEOP Scholarship Committee Chair
HDHS
12 Hillcat Drive
Hillsboro, NH 03244
pkallander@hdsd.org

Applications postmarked after April 26 will not be considered.

Please include the following supporting documentation:

These forms can be found on www.nhaeop.org or by request by email at info@nhaeop.org

1. Application
2. Student/Academic Profile
3. Family Financial Statement
4. Applicant Appraisal

Julia T. Pingree Student Scholarship Application

Student Name _____ D.O.B. _____
Last First Middle mm/dd/yyyy

Parent/Guardian Names: _____

Legal Residence address: _____

Mailing Address (if different) _____

Email Address: _____

Home phone: () _____ - _____ Cell phone: () _____ - _____

COLLEGE INFORMATION

What college do you plan on attending in the fall? _____

College Address: _____

What is your college objective? _____

If you have not decided yet, please list your top three colleges, including addresses.

1. _____
2. _____
3. _____

Accepted at what colleges: _____

I plan to attend Vocational/Technical School 2 yr. college 4 yr. college other: _____

I plan to enroll as Full time at least half-time less than half time

I plan to live On campus off campus at home

Anticipated major(s) First Choice: _____ Second Choice: _____ or Undecided

Tuition costs per year \$ _____ Financial Aid for the year awarded by college \$ _____

Expected Family Contribution \$ _____

STUDENT PROFILE

Student Name: _____

Current High School: _____

Estimated Graduation date: _____

Address: _____

List Community and Extra Curricular Activities

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

List Work Experiences

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Unusual or extenuating circumstances, including financial, to be considered.

ACADEMIC PROFILE

To be completed by School Counseling Center:

Student Rank _____ in a class of _____ Cumulative Weighted GPA _____ as of _____
(4.0) (Date)

List Academic Awards and Honors:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Testing Results:

SAT Scores (highest score attained): EBRW _____ Math _____ Writing _____

ACT Composite Score: _____

School Counselor Signature

Date

I allow the School Counseling Center to release a transcript with this form to the appropriate scholarship committee.

Student Signature

Date

Family Financial Statement

Student Name: _____

Please have your parents and/or guardians complete this section using their most recent IRS Tax Return.

Parents/Guardians Names: _____

Legal Residence address: _____

(If different from student) _____

Mailing Address (if different) _____

(If different from student) _____

Email Address: _____

Home phone: () _____ - _____ Cell phone: () _____ - _____

Parents / Guardians marital state as of today: Single Married Separated Divorced Widowed

Parents / Guardians Disabled: Yes No Head of Household Unemployed: Yes No

List all dependents living at home by name and age:

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

How many dependents will be college students between July 1 and June 30 of the upcoming year? _____

Mother's Adjusted Gross Income: \$ _____

Father's Adjusted Gross Income: \$ _____

Total Income Adjusted Gross Income: \$ _____

Application / Parent Certification

I certify that all of the information on this form is true and complete to the best of my knowledge.

Applicant Signature and Date

Parent/Guardian Signature and Date

Applicant Appraisal Form

To the Student: Please have this section of the application completed by a school administrator, school counselor, teacher, community or religious leader, employer, or other non-family member who is in a position of authority and who knows you and your accomplishments.

Please return the appraisal in a sealed envelope with the appraiser’s signature across the seal and include it with the application materials.

Student Name: _____

To the Appraiser: The person whose name appears above is applying for a Scholarship. In consideration of each applicant, we place particular emphasis on comments from individuals whom the applicant has chosen to assess him or her. **Please place this form with your attached recommendation in a sealed envelope with your signature across the seal so that the applicant will not have access to this information.**

Please rate the applicant as compared to his or her peers and comment on the following aspects of the applicant from your direct knowledge of him/her.

Attributes & Abilities	Fair	Good	Excellent	Unable to Rate
Applicant’s respect for self and others				
Problem-solving skills, follow through and task completion				
Critical thinking				
Applicant sets realistic and attainable goals				
Applicant demonstrates curiosity and initiative				
Applicant is able to seek, find, and use learning resources				
Leadership				

Please attach a typewritten evaluation of the student and comment on:

1. Applicant’s areas of strength.
2. How the applicant has shown leadership?
3. The applicant’s commitment to the school and community.

Appraiser’s Signature

Title

Date