

**ABRAHAM BURTMAN CHARITY TRUST
STUDENT SCHOLARSHIP APPLICATION
2025 – 2026 School Year
www.burtman.org**

ABOUT THE SCHOLARSHIP PROGRAM

Scholarships are awarded to only New Hampshire residents who are students enrolled in full-time in either a 2- or 4-year undergraduate study as well as students enrolled in an accredited trade program. There is no geographic restriction regarding the school being attended, and applicants may re-apply each year of full-time undergraduate enrollment. Scholarships are awarded to worthy students with financial need. Approximately thirty-five (35) scholarships will be awarded. Competition is from the applicant pool only. If you have any questions, contact Sol Wachtel, at 603-742-2332 or email at swachtel@burnsbryant.com

INSTRUCTIONS

1. Please answer ALL questions listed below.
2. Be sure to include the following with your application:
 - a. Freshman – Copy of high school transcript and Letter of acceptance from the school you plan to attend.
 - b. Sophomore and beyond – Copy of last year's college transcript.
3. Submit your completed application by **May 10, 2025**.

******* Incomplete applications may not be considered *******

HOW TO SUBMIT YOUR APPLICATION

Online (via secure link): www.burtman.org Email: swachtel@burnsbryant.com
US Mail: Abraham Burtman Charity Trust, 255 Washington St., Dover, NH 03820

1. Student: _____
Last Name/First Name/Middle Initial _____ Age _____
2. Mailing Address: _____
Street or PO Box/City/State/Zip _____
3. Contact Information: _____
Email Address _____ Telephone Number _____
4. High School Attended: _____
5. School Applicant plans to attend: _____
6. Estimated School Expenses:

Tuition:	\$	_____
Room & Board:	\$	_____
Fees:	\$	_____
Books & Supplies:	\$	_____
Total:	\$	_____

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7. Expected Financial Aid (if additional space is required, please attach separate page):

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____

8. Parent/Guardian 2024 Income/Tax Return Information

	<u>Parent/ Guardian #1</u>	<u>Parent/ Guardian #2</u>	<u>Total</u>
Income Earned from Work (typically W-2 income):	\$ _____	\$ _____	\$ _____
a. Adjusted Gross Income:	\$ _____	\$ _____	\$ _____
b. Child Support Received (if applicable):	\$ _____	\$ _____	\$ _____
c. Current total of cash (savings and checking accounts):	\$ _____	\$ _____	\$ _____
d. Current net worth of assets, including real estate:	\$ _____	\$ _____	\$ _____
e. Current net worth of business (if applicable):	\$ _____	\$ _____	\$ _____
f. Income from All Other Sources (typically 1099 income):	\$ _____	\$ _____	\$ _____
Total (a - f):	\$ _____	\$ _____	\$ _____

(I) (We) certify that the information given above is true and signed under the pains and penalties of perjury.

_____ Student's Signature	_____ Date
_____ Parent's/Guardian's Signature	_____ Date
_____ Parent's/Guardian's Signature	_____ Date

Please be sure to include all required information. Incomplete applications may not be considered.