

**ABRAHAM BURTMAN CHARITY TRUST  
STUDENT SCHOLARSHIP APPLICATION  
2026 – 2027 School Year  
[www.burtman.org](http://www.burtman.org)**

**ABOUT THE SCHOLARSHIP PROGRAM**

Scholarships are awarded to New Hampshire residents who are students enrolled in full-time **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](mailto: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 11, 2026**.

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

**HOW TO SUBMIT YOUR APPLICATION**

Online (via secure link): [www.burtman.org](http://www.burtman.org)

Email: [swachtel@burnsbryant.com](mailto: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 2025 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.***