

SOUHEGAN SCHOLARSHIP FOUNDATION

Tony Barksdale II Memorial Scholarship

This scholarship will be awarded to a Souhegan High School student, male or female, who played at least one year of Varsity Basketball.

In memory of Tony Barksdale II, a four-year member of the boys' basketball program and football programs, who exhibited the core Souhegan Athletics values of team before self, and celebrating the success of others. Tony was the ultimate team player.



The Souhegan Scholarship Foundation (SSF) was formally established in 2003. The Foundation's Board of Directors consists of local citizens who administer the SSF, raise money for scholarships, evaluate the students' scholarship applications, and grant awards to the students best meeting the criteria. This is a formal process requiring an interview for the finalists and is conducted in an impartial and strictly confidential manner. The scholarships are awarded to assist students with financial need in their first year of college.

Requirements: Applicants must be high school seniors, with permanent residency in Amherst or Mont Vernon. Attendance at a four-year college is not required as long as the program of study is full-time and will result in a degree or diploma. All applicants must demonstrate scholastic achievement and promise.

Tony Barksdale II Memorial Scholarship Essay:

Tony Barksdale II will always be remembered as the quintessential team player who always put others before self. In a brief essay, please tell us why you believe you honor Tony's spirit in your interactions with others.

Applications and essays must be submitted to either the SHS Student Services Office, or mailed to PO Box 323, Amherst, NH 03031 by March 9, 2018. A current official transcript must be attached to every application.

***PLEASE also supply a list of activities, accomplishments, work experience and other interests, or your resume.**



Souhegan Scholarship Foundation Application Form

Applicant Information (please print clearly):

Name _____ DOB _____

Best telephone # at which to contact you: _____ Email _____

Address _____ City _____ Zip _____

Father's Name _____

Address _____ City _____ Zip _____

Mother's Name _____

Address (if different) _____ City _____ Zip _____

Signature of Applicant

I certify the information provided in this application is true and accurate to the best of my knowledge.

Signed _____ Date _____

Parent or Guardian Statement

Parents, you may take this opportunity to explain any extenuating circumstances in your or your student's life that you feel the Souhegan Scholarship Committee should take into consideration.

Signature of Parent or Guardian

We have read this entire application and certify the information, provided is true and accurate to the best of our knowledge.

Signed _____ Date _____

For Office Use Only _____

(Please do not write your name on this form.)

Pending College Applications/Goals

School Names

1. _____

2. _____

3. _____

Career Goal: _____