

# SOUHEGAN SCHOLARSHIP FOUNDATION

## SSF Career & Technical Scholarship

**Awarded to a student pursuing a career in a trade, technical or service-related field  
(for example, automotive, cosmetology, hospitality, childcare)**



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.

**SSF Board Members will contact chosen applicants selected for an interview in late April.**

### **Career & Technical Essay Questions:**

Please answer both of the following two (2) essays.

1. If you could sum up your life thus far in one Tweet, what would it be? (Twitter Tweet rules apply)
2. What led you to choose this career path? (250 words or less)

**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: \_\_\_\_\_