SOUHEGAN SCHOLARSHIP FOUNDATION

SSF Arts & Humanities Scholarship

Awarded to a student who is pursuing a career in the Arts & Humanities (for example, visual arts, dance, drama, music, architecture, creative writing)



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 April.

Arts & Humanities Essay Questions:

Please answer $\underline{2}$ of the following essays.

- 1. What attracted you to your chosen major? (500 words or less)
- 2. What is the biggest mistake you've made in your life and what have you learned from it?(500 words or less)
- 3. What is the best piece of advice you have been given and why? (500 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 11, 2019. 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 of	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
I certify the information provided in this appli Signed		
Parent or Guardian Statement Parents, you may take this opportunity to expl	lain any extenuating circumstances i	n your or your student's
life that you feel the Souhegan Scholarship Co	ommittee should take into considera	tion.
Signature of Parent or Guardian		
We have read this entire application and certifour knowledge.	fy the information, provided is true a	and accurate to the best of
Signed	Date	

(Please do not write your name on this form.)	
Pending College Applications/Goals	
School Names	
1	_
2	_
3	_
Career Goal:	

For Office Use Only _____