

# **SOUHEGAN SCHOLARSHIP FOUNDATION**

## **Linda J. Merrill Memorial Scholarship**

**Awarded to a student who has overcome difficult circumstances and continues to demonstrate the ability to perform academically and in the community.**

In memory of Linda J. Merrill, the first registrar of SHS, who was dedicated to encouraging, supporting and inspiring SHS students to achieve their highest potential.



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.**

## **Linda Merrill Memorial Scholarship Essay:**

Explain the obstacle(s) you have overcome and how you persevered. Was there a particular individual who influenced your achievement? What have you taken from this experience and how has this situation affected your career goals?

**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.** 1 of 3



## **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 \_\_\_\_\_

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

## **Pending College Applications/Goals**

### **School Names**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Career Goal: \_\_\_\_\_