

**Sarah Dow MacGregor Scholarship**  
**6 Pinnacle Hill Road**  
**New Hampton, NH 03256**  
**APPLICATION FOR SCHOLARSHIP**  
**College Student**

Date \_\_\_\_\_

Please fill out this form completely and accurately. **No consideration can be given to applications not fully completed.** Return your application to the committee on or before May 31, 2024 no later than 3:00 pm. The committee will be meeting on May 31, 2024. Late applications will not be accepted. The information given on this application will be held in strict confidence by the Scholarship Awards Committee. Applicant must have resided in New Hampton for the previous two years.

1. Applicant's full name: \_\_\_\_\_ Age: \_\_\_\_\_

2. Physical address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

Phone number: \_\_\_\_\_

3. How long have you lived in New Hampton? \_\_\_\_\_

4. Name of school you now attend: \_\_\_\_\_

If presently in college, what year will you begin in Sept. 2024?

Sophomore      Junior      Senior

**BE SURE TO ENCLOSE A TRANSCRIPT OF ALL COLLEGE WORK.**

**Essay**

Please include with this packet a written statement explaining your plans for your education and career. If there is any information which will help the committee understand your needs, and which you have not given elsewhere in this application, you may give it in this statement.

Your goals, as expressed in this statement, will represent a major factor in the consideration given to your application by the Scholarship Awards Committee. If this is a reapplication be sure to include any changes in your educational and career plans.

## Applicant's Work Experience and Financial Statement

1. List your part or full time gainful employment for the past four years.

Year	Job description	Gross Amount Earned
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2. What savings do you have at the present time? \$ \_\_\_\_\_

2A. Do you receive Social Security Survivor Benefits? \_\_\_\_\_ If yes, what are your monthly benefits? \_\_\_\_\_

3. Do you assist your family financially? If yes, explain: \_\_\_\_\_

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4. Estimate of your educational expenses for next year.

A. Tuition \$ \_\_\_\_\_ Fees \$ \_\_\_\_\_

B. Room and board (college or other) \$ \_\_\_\_\_

C. Books and supplies \$ \_\_\_\_\_

D. Other supplies (specify) \$ \_\_\_\_\_

E. Transportation \$ \_\_\_\_\_

Use  
the back of  
this page for any  
details.

5. How do you expect to meet these expenses? List all anticipated contributions in dollar amounts.

From your family? \$ \_\_\_\_\_

From your savings? \$ \_\_\_\_\_

From summer work? \$ \_\_\_\_\_

From other sources? \$ \_\_\_\_\_

6. Have you received a Sarah MacGregor Scholarship previously? \_\_\_\_\_  
When? \_\_\_\_\_  
Amount? \_\_\_\_\_

7. List financial aid and amounts you will receive or expect to receive for the next school year for education. List all scholarship aid for which you have applied.

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8. List your brothers and sisters, starting with the eldest and give the age of each.

The statements in this application are true to the best of my knowledge.

Signed \_\_\_\_\_  
Parent or Guardian

Signed \_\_\_\_\_  
Applicant

Date \_\_\_\_\_

Return the completed application no later than May 31, 2024, by 3:00 PM to:

Sarah Dow MacGregor Scholarship Committee  
New Hampton Town Office  
6 Pinnacle Hill Road  
New Hampton, NH 03246