

**Sarah Dow MacGregor Scholarship**  
**6 Pinnacle Hill Road**  
**New Hampton, NH 03256**  
**603-744-8454**  
APPLICATION FOR SCHOLARSHIP  
**High School 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 30, 2025. No late or incomplete applications can be accepted. The committee will meet May 30, 2025 to make the awards. The information given on this application will be held in strict confidence by the Scholarship Awards Committee. Applicants must have resided in New Hampton for the previous two years,

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

2. Home address: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

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

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

5. If you have been accepted for post high school training that you plan to attend, give the name and location of the institution. \_\_\_\_\_

6. List any extra-curricular activities, awards, or honors received. If not now in school, list any community projects or noteworthy achievements: \_\_\_\_\_

TO BE FILLED IN BY HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR

8. Name and address of secondary school attended by the applicant:

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9. Year of graduation: \_\_\_\_\_ Number of graduates: \_\_\_\_\_

10. Applicant's class rank at the mid-point of Senior year: \_\_\_\_\_

**11. Please attach a comprehensive letter of recommendation including character, personality and scholarship. Please state your association with this student.**

Date: \_\_\_\_\_

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Signature of Principal or Guidance Counselor

**BE SURE TO INCLUDE A COPY OF YOUR TRANSCRIPT WITH YOUR APPLICATION**

**Essay**

Please include with this packet a written statement containing at least 200 words. The statement should explain your plans for 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.

## 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 \_\_\_\_\_

\_\_\_\_\_

4. Estimate 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 \$ \_\_\_\_\_

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

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

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

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

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

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

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

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Applicant

Return the completed application no later than May 30, 2025, by 3:00 PM to:

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