

**MOULTONBOROUGH WOMEN'S CLUB**  
**Scholarship Application**  
**FOR MOULTONBOROUGH RESIDENTS**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Age

Address: Residence \_\_\_\_\_

Mail \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_ Parent Cell Phone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Number and Age of the Children in Family \_\_\_\_\_

College(s) applied to and location \_\_\_\_\_

College(s) where you have been accepted \_\_\_\_\_

College you will attend \_\_\_\_\_

Field of Study and Degree Sought \_\_\_\_\_

Estimated Cost of College Per Year \$ \_\_\_\_\_

**Resources:**

Savings \$ \_\_\_\_\_

Part-time Earnings \$ \_\_\_\_\_

Scholarships, Awards Per Year (**no** repayment) \$ \_\_\_\_\_

Grants/Loans Per Year (**no** repayment required) \$ \_\_\_\_\_

Grants/Loans Per Year (**require** repayment) \$ \_\_\_\_\_ (repayments)

Parental Contribution Per Year \$ \_\_\_\_\_

**TOTAL RESOURCES** \$ \_\_\_\_\_

Attested by: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

(All information must be complete to be considered for a scholarship)

Write a concise letter, not to exceed 2 pages, stating your financial need, as well as interests, awards, offices held, etc. in your school and community, which you feel have contributed to your academic and personal development.

Attach your letter to this form, along with a copy of your TRANSCRIPT and one or more letters of reference.

These can be from your guidance counselor, teachers, principal and/or community organization leaders.

Send completed application to Donna Conway, PO Box 41, Moultonborough, NH 03254 or deliver to Ms. Chapman at Guidance Office, Moultonborough Academy.

**APPLICATIONS MUST BE POST MARKED OR DELIVERED TO THE SCHOOL'S GUIDANCE COUNSELOR BY APRIL 15th**