Wantastiquet Grange Legacy Scholarship Fund

The purpose of this Fund is to provide scholarship assistance "to worthy" graduating students from Hinsdale High School. And who are pursuing higher education to any accredited post-secondary education or training institution including vocational/technical school, 2 or 4 year college or university <u>within the State of New Hampshire in the field of education or nursing.</u>

Determining factors will be:

- *Hinsdale High School Graduate
- *Entering the field of Education or Nursing
- *College or University must be in the State of New Hampshire
- *Financial Need
- *Merit—Academic Work
- *Participation in school/community activities
- *Volunteerism
- ***Applications are due in Guidance on May 6, 2025

Thoroughly complete the following financial aid information:

	•	(Student Signature)	(Date)
•			s true and complete to the best of my
Have yo	u eve	r been convicted of a felony?	yes no
4 <i>F</i>	A Hig	h School Transcript	
3	A copy	y of your college essay	
		e attending.	
			e along with Financial Aid Statement from the coll
Please includ	e with	your application: Check List etters of recommendation, one o	f which must be from a member of the faculty of F
	То	tal number of family members a	attending college
		tal number of dependents claimenter 6-D from 1040	ed on federal income tax
	Ad	justed gross income	
Γο be filled o	ut by	parent(s), based on latest federa	l income tax information:
	d.	Scholarships offered at college	or university
	c.	College Work Study	
	b.	Grant (s)	
		Loan (s)	
Amount of fi		al aid you will receive:	
and any other			

Student Name	Last		First		N	1.
Address			· · · · · · · · · · · · · · · · · · ·		7-3	
	City	,	State		Z	ip
Birth Date	/	Non-school	email:			
School you will b	e attending					
(Attach proof of a	(cceptance)	My school is	4	l year	2 year	•
I will be enrolled		fulltime	_ part time	(6credits	or less)	
I will live	******	on campus	_off campus	S		
Field of Study	****					
student governme Activity/How you	<u>ı participate</u>			<u>How L</u>	ong _ to _	/_
		Special Honors				
				/	_ to _	/_
		Special Honors	S		<u></u>	
				/	_ to _	/_
		Special Honors	S			
				/	_ to _	/
		Special Honors	3			

Work Experience

	paid	Non Paid	# hours per week		
Name of Employer			# hours per week	Position Held	Dates Held
	paid	Non Paid	# hours per week		
ame of Employer				Position Held	Dates Held
Jame of Employer	paid	Non Paid	# hours per week		
ame of Employer				Position Held	Dates Held
	paid	Non Paid	# hours per week	·	
lame of Employer				Position Held	Dates Held
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Describe po for your ed		aily circumstar	nces which make it	t necessary for	you to seek aid