



## Scholarship Application

The **Three Rivers Foundation** was established to benefit area students who are pursuing post-secondary school education. This organization's goal is to establish and develop a collaborative relationship with local businesses, schools, and students to pursue new opportunities in the field of training, working, and staying connected to our local communities.

Required materials include:

- ✓ All portions of the application must be completed as directed.
- ✓ Most recent high school transcript, if applicable
- ✓ References

### **Section 1** – Personal Information to be completed by the applicant

Student Name:

First

Middle

Last

Address:

City

State

Zip Code

Home phone

e-mail address

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

I am a: non-student \_\_\_\_ high school senior \_\_\_\_ post graduate \_\_\_\_

High School, if currently enrolled:

School name: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Vocational School for which  
Aid is requested:

School name and state: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

The school I will be enrolled in is:

- ☐ 4 yr. voc/tech school
- ☐ 2 yr. voc/tech school
- ☐ Night classes at \_\_\_\_\_

I will be enrolled as a:

- ☐ full time student
- ☐ half-time or more (6+ credits)
- ☐ less than half-time

I will live:

- ☐ on campus
- ☐ off campus
- ☐ at home

My field of study will be: \_\_\_\_\_. I am interested in a work study program at\_\_\_\_\_.

Describe your educational goals:

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Describe your plans after you complete your voc/tech program(s):

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List all community and school activities in which you have participated. Include sports, student government, volunteer projects, etc... (Attach separate sheet if necessary)

Activity	how long?	Special honors
_____	___/___to___/___	_____
_____	___/___to___/___	_____
_____	___/___to___/___	_____

**Section 11** – Personal or Business reference to be completed by a non-relative, such as teacher, community or religious leader, or other person in a position of authority who know you and your accomplishments.

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Signature

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Title

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Date \_\_\_\_\_

**Section 111** – To be completed by applicant’s parent(s) or guardian if under the age of 18

Parent(s) or Guardian

First

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Middle

Last

First

Middle

Last

Address: \_\_\_\_\_  
City State Zip code

Phone number(s)

\_\_\_\_\_  
Home Work Cell

Occupation for Guardian or parent(s).

\_\_\_\_\_

Household Income: \_\_\_\_\_

Number of Children in family \_\_\_\_\_. How many enrolled in higher education? \_\_\_\_

Please complete estimate of financial need below:

Financial Aid:

Scholarships/Grants: \_\_\_\_\_

Work Study: \_\_\_\_\_

Loans: \_\_\_\_\_

Total: \_\_\_\_\_

Parent Contribution: \_\_\_\_\_

Student Contribution: \_\_\_\_\_

Other Sources of Aid: \_\_\_\_\_

Total Estimated Financial Aid: \_\_\_\_\_

Total Estimated School Year Cost: \_\_\_\_\_

Estimated Need: \_\_\_\_\_

Briefly, please tell us of any special circumstances, if any; have caused extraordinary financial burdens for you or your family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I certify that all the information on this form is true and complete to the best of my (our) knowledge.

Applicant Signature\_\_\_\_\_

Date\_\_\_\_\_

Parent or Guardian Signature if under the age of 18: \_\_\_\_\_

Date\_\_\_\_\_

**Please return to: *Three Rivers Foundation – Supporting Education*  
*PO Box 284*  
*Franklin NH 03235***

**Find us on Facebook or visit our website at [www.threerivers-foundation.com](http://www.threerivers-foundation.com)  
Email: [threeriversfoundation.info@gmail.com](mailto:threeriversfoundation.info@gmail.com)**