



NEW HAMPSHIRE CHARITABLE FOUNDATION

John V. Leech - SECONDARY SCHOOL SCHOLARSHIP PROGRAM

JOHN V. LEECH FUND

The John V. Leech Fund was established to provide scholarship aid to needy and deserving students who are residents of Belknap County to assist them in furthering their education on secondary, college or graduate level. Because this fund is available to many different types of students, only a small portion is allocated for students attending secondary school.

ELIGIBILITY

To be considered for funding, an applicant's family must reside in Belknap County and claim that to be their primary residence – not a seasonal home. Applicants must be entering or have entered an accredited secondary school serving grades 9 through 12. Students being home schooled or attending summer education programs are not eligible for assistance.

AWARDS

Awards of up to \$2,000 may be made depending upon a family's financial circumstances and other aid resources. All awards are made co-payable to the student and his or her institution and are disbursed in August each year.

SELECTION

Students are chosen for awards based on a combination of financial need and merit.

Financial need is calculated by evaluating a family's ability to contribute to the cost of education. The Foundation uses a standard methodology similar to Federal methodology used for determining college student aid resources. We look at current income, savings

and other real assets to determine what a family can reasonably expect to contribute to secondary educational costs.

The evaluation of merit includes a review of past academic performance, aptitude or achievement tests, school and community activities and a confidential applicant appraisal.

Students will be notified of their status before August 31, 2018.

TO APPLY

Your application must include a school transcript and a sealed applicant appraisal. In addition, parents **MUST** submit information about their family finances. We request that all materials be mailed together as a package whenever possible.

THE DEADLINE

Completed applications must be received by **5:00 pm EST on Friday, August 3, 2018**. Applicants are strongly urged to submit materials at least one week in advance. This will give the Foundation time to flag any missing items and allow time for these to be submitted by the deadline. Incomplete or late applications are not reviewed.

Please send your application to:

New Hampshire Charitable Foundation
37 Pleasant Street
Concord, NH 03301

Call the Student Aid office at (603) 225-6641 or email studentdocs@nhcf.org if you have any questions.

PERSONAL INFORMATION

Student Name Ms. _____

Mr. first middle initial last

Parent(s) Names(s) _____

Home Mailing Address _____

city, state zipcode county

Town/ City Residency (if different from mailing address) : _____

() home phone () work phone (

) cell phone email address

Student's Birth Date ____/____/____ Social Security No. (last 4 digits) xxxx-xx-_____

Elementary/ Middle School _____ school name, state completion date ____/____

School for which aid is requested _____ school name, state expected graduation ____/____

Student will be a: freshman sophomore junior senior

Student status: boarding student day student

PARENT CERTIFICATION

I certify that the information on this form is true and complete to the best of my knowledge. I understand that the financial information will be considered confidential, for review by the New Hampshire Charitable Foundation and members of the Scholarship Advisory Committee. I also agree that my child's name can be used in announcements made by the Foundation regarding the particular scholarship(s) for any scholarship that I may be awarded.

Parent Signature & Date

SCHOOL AND/OR COMMUNITY ACTIVITIES

List all community and school activities in which student has participated. Include sports, student government, clubs, volunteer projects, etc. (attach additional sheet if necessary)

Activity	How Long?	Special Honors
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____

PAID WORK EXPERIENCE

Student may enclose a current resume instead of filling out this section

Employer	How Long?	Position Held
_____	___ ___ to ___/___	_____
_____	___ ___ to ___/___	_____
_____	___ ___ to ___/___	_____
_____	___ ___ to ___/___	_____

EDUCATION AND CAREER GOALS

Student: Please write a short statement about your special interests and what you might like to achieve in your life:

SPECIAL CIRCUMSTANCES

Parent(s) Please tell us about any special family or financial circumstances that may have influenced your choice of this school for your child:

ACADEMIC INFORMATION & APPLICANT APPRAISAL

TO BE FILLED OUT BY A SCHOOL OFFICIAL

To insure confidentiality, please put this section in a sealed envelope with your signature across the seal and return to the student.

Student ranks _____ in a class of _____

Cumulative GPA _____ (4.0 scale)

Aptitude Testing Scores _____

Achievement Scores _____

What standardized tests were taken by this student? _____

An official elementary or middle school transcript must accompany this application

APPLICANT APPRAISAL

The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well

Additional Comments - We encourage you to let us know more about this student (attach another sheet if necessary):

Appraiser's Signature, Title & Date

FAMILY FINANCIAL STATEMENT

If you are a **dependent** student, please have your parents complete the PARENT INFORMATION section of this form using information from their most recent IRS Tax Return. You must complete the STUDENT INFORMATION section. You are a dependent student if you are under 24 years of age.

If you are **independent**, information about you and your spouse (if applicable) must be included. You do not need to supply information from your parents. Figures should be taken from your most recent U.S. Income Tax Return. You are an independent student if you are 24 years of age or older. If you are under 24, you may claim independent status only if you have (1) served in the military or (2) are a ward of the courts (3) are married and living away from your parents or (4) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years.

PARENT INFORMATION

Adjusted gross income \$ _____

Total U.S. income tax paid..... \$ _____

Income earned from work by
father \$ _____
mother \$ _____

Untaxed income and benefits
(Child Support, AFDC, ADC, SSI)..... \$ _____

Medical/dental expenses not covered by
insurance \$ _____

Cash, savings, stocks, bonds,
CD's, etc. \$ _____

Net value of real estate not used as primary residence
(market value less balance
of mortgage)..... \$ _____

Total number of family members..... # _____

STUDENT INFORMATION

Adjusted gross income..... \$ _____

Total U.S. income tax paid \$ _____

Income earned from work by
you \$ _____
your spouse (if applicable)..... \$ _____

Untaxed income and benefits
(Child Support, AFDC, ADC, SSI)..... \$ _____

Medical/dental expenses not covered by
insurance..... \$ _____

Cash, savings, stocks, bonds,
CD's, etc..... \$ _____

Net value of real estate not used as primary residence
(market value less balance
of mortgage) \$ _____

Total number of family members # _____

ADDITIONAL FAMILY INFORMATION

Parent's current marital status: single married separated divorced widowed

Student's current marital status: single married separated divorced widowed

Total number of family members who will be attending college during the next academic year: _____

COST OF EDUCATION

Families are expected to contribute toward the cost of the education program. In addition, candidates should have applied to other financial aid program.

If you are unable to fill this out by yourself, you should take it to the financial aid office or director of the program that you plan to attend for help in completing this section.

PROGRAM COSTS

A. Tuition	\$ _____
B. Other Direct Costs (fees, books, equipment, etc.)	\$ _____
TOTAL COST (A + B)	\$ _____

RESOURCES

A. What your family can pay	\$ _____
B. Financial aid from school	\$ _____
C. Employer reimbursement	\$ _____
D. NH Voc-Rehab	\$ _____
E. Other State Funding Programs	\$ _____
F. Other private aid or loans	\$ _____
TOTAL RESOURCES (A+B+C+D+E+F)	\$ _____

AID GAP (total cost – total resources) \$ _____

AMOUNT YOU ARE REQUESTING \$ _____