



Ford K. Sayre Memorial Ski Council

PO Box 471

Hanover, NH 03755

Website: www.FordSayre.org

Email: scholarship@FordSayre.org

Scholarship Application

Instructions: Please complete all sections of this application and send electronically to scholarship@FordSayre.org or by mail to the address above, ATTN: Scholarships. The Scholarship Committee reviews applications in early December and you will receive a recommendation at that time. Please understand that scholarship funds are limited and are allocated on the basis of need. The information you provide is held in confidence.

Participant Name: _____

Program: _____

Amount of Scholarship Requested: _____

Part One: To be completed by parent or legal guardian of participant.

Please provide an explanation of why a scholarship is being requested.

Part Two: To be completed by participant if requesting more than \$300.

Please demonstrate your commitment to the Ford Sayre program. Include examples of your past involvement in Ford Sayre and your goals. Please describe any activities which have provided funds to support your interest in participating in Ford Sayre such as summer jobs, etc.

Part Three: Please provide the following income/expense information. Include all sources of income for everyone in your household. Financial information is not required if requesting scholarships less than \$300.

| | Current Year Estimate | Prior Year Actual |
|--|--------------------------|----------------------|
| Household Income | | |
| Salaries and Wages | | |
| Interest and Dividends (taxable or not) | | |
| Earnings (losses) from self-employment | | |
| Earnings (losses) from partnerships, trusts, estates | | |
| Rent and royalty income (loss) | | |
| Capital gains (losses) | | |
| Unemployment compensation | | |
| Social security or disability benefits | | |
| Other sources of income (include alimony and child support) | | |
| Total Household Income | | |

Selected Expenses

| | | |
|---|--|--|
| Housing (mortgage, rent, property taxes only) | | |
| College/post graduate tuition (net of scholarships) | | |
| Primary/secondary private tuition (net of scholarships) | | |
| Medical (uninsured portion only) | | |
| Dependent care (adult or child) | | |
| Other extraordinary expenses (please describe) | | |
| | | |
| | | |
| | | |
| Alimony | | |
| Child support/child care | | |
| | | |

Part Four: Please provide the following information on household assets and liabilities.
(This part may be omitted if you are requesting less than a \$300 scholarship)

Current Market Value Assets

| | | |
|--|--|--|
| Cash in banks | | |
| Investments in stocks and bonds | | |
| Less outstanding borrowings | | |
| Net market value | | |
| Accounts and notes receivable from others | | |
| Equity in businesses (market value) | | |
| Houses, including primary, second and vacation homes | | |
| Less outstanding mortgages | | |
| Net market value | | |
| Automobiles, planes and boats | | |
| Less outstanding loans | | |
| Net market value | | |
| Beneficial rights to assets kept in trusts | | |
| Other assets | | |
| Total Assets | | |
| | | |
| Debts (other than those listed above) | | |
| | | |
| Net Worth - Total Assets minus Debts | | |

Part Five: Please provide the following information for all members of your household.
“Applicant” refers to parent or legal guardian of participant applying for scholarship.

Applicant:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
Occupation: _____
Employer: _____

Applicant’s Spouse:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
Occupation: _____
Employer: _____

Applicant’s Dependents or other household members:

Name: _____
Occupation: _____
Age: _____
School Name: _____

Name: _____
Occupation: _____
Age: _____
School Name: _____

Name: _____
Occupation: _____
Age: _____
School Name: _____

Please attach additional sheets if necessary.

Part Six: Certification

I certify that the information provided on this application is true and correct.

Signature of Applicant

Date

Signature of Participant

Date

Scholarship Committee:

Amount Approved: _____

Date: _____

By: _____

For the Scholarship Committee