



Scholarship Application

Please complete *all* sections of this application and send electronically to scholarship@FordSayre.org or by mail to:

Ford K. Sayre Memorial Ski Council
ATTN: Scholarships
P.O. Box 471
Hanover, NH 03755

The Scholarship Committee reviews applications as follows:

- For applications received by October 15th, recommendations are communicated by October 22nd.
- For applications received by November 1st, recommendations are communicated by November 12th.
- For applications received by December 1st, recommendations are communicated by December 10th.

Please understand that scholarship funds are limited and allocated on the basis of need. Early submission of your application allows your request to be considered before all funds have been allocated. 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 the participant. Please provide an explanation of why a scholarship is being requested.



Part Two: To be completed by the 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.

Household Income Estimate Actual

Current Year Estimate Prior Year Actual

- 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/childcare



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 the parent or legal guardian of the participant applying for scholarship.

Applicant:

Name: _____
E-mail address: _____
Mailing 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 Applicant

Date

Scholarship Committee: To be completed by committee

Date completed application received:

Amount Approved:

Date of Approval:

By: _____

For the Scholarship Committee