



Scholarship Application

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 awarded. The information you provide is held in strict confidence and read only by the scholarship committee, comprised of the Ford Sayre Executive Committee (the chair, vice chair, and treasurer), as well as the administrator. Once scholarships are awarded, the Ford Sayre bookkeeper is also notified, in order to process the scholarship.

Completed applications can be sent electronically to scholarship@FordSayre.org or by mail to:
Ford K. Sayre Memorial Ski Council
ATTN: Scholarship
P.O. Box 471
Hanover, NH 03755

“Applicant” refers to the parent or legal guardian (of the participant) applying for scholarship and
“Participant” refers to the athlete who is participating in Ford Sayre programming.

Applicant Name:

Date:

Applicant E-mail:

Applicant Phone:

Participant Name:

Program:

\$ Amount Requested:

PART ONE: To be completed by the applicant (the parent or legal guardian of the participant). Please provide an explanation of why a scholarship is being requested.

If you are requesting \$400 or less in scholarship support (per participant, during the 2022-23 season), you are **DONE**. Please submit page **ONE** to the scholarship committee.

Are you requesting **MORE** than \$400 in total scholarship support for a participant? **Please CONTINUE and COMPLETE PARTS 2 THROUGH 6 of the application.**

PART TWO: To be completed by the participant, if requesting *more than* \$400 in scholarship support. 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 required if requesting *more than* \$400 in scholarship support.

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.

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 (the athlete) applying for scholarship.

Applicant:

Name:		
E-mail address:		
Mailing address:		City:
State:	Zip:	Telephone:
Occupation:		Employer:

Applicant's Spouse (if applicable):

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

Applicant's Dependents or other household members (please attach additional sheets if necessary):

Name:	
Occupation:	
Age:	
School Name:	

Name:	
Occupation:	
Age:	
School Name:	

Name:	
Occupation:	
Age:	
School Name:	

PART SIX: Certification

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

Signature of Applicant

Date