

of New Hampshire

Please attach a copy of the first page of your <u>Student Aid Report</u> (SAR) and the financial package from the college/university you plan on attending and Return this application to your Guidance Department.

Name:	Rank in Class:
Address:	Town/Zip:
Father's Name:	Occupation:
Mothers Name:	Occupation:
Parent's total income:	Contact number: #
Number of brothers & sister's living at home: _	
How many of your Brothers/Sisters are current	tly attending post-secondary institution:
Post-Secondary school you plan to attend:	
Program you plan to study:	
College Expenses	
Tuition & Fee's:	
Room & Board if you are living on cam	pus:
Other (specify):	
Resources	
Student's contribution from savings &	summer work:
Parent's contribution:	
Scholarships & grants received:	
College work study received:	
Total Resources:	
(Estimate Family Contribution from your SAR)	
Sign here if you did not file a FAFSA:	

Criteria for the selection of this scholarship recipient and disbursement of the award are established by USA Softball of New Hampshire. Dan Boyce Commissioner dboyce7@comcast.net # 603-231-3274

The Guidance Department serves as a contact only and a processing component of this Scholarship.



Academic honors you have received:	(attach additional sheet if necessary)	
Extracurricular activities:	(attach additional sheet if necessary)	
USA Softball activities:	(attach additional sheet if necessary)	
You Work History:		
Job	Employer	Dates
I certify that the above information is t	rue and accurate to the best of my kno	wledge
Student's signature:	Parent/Guardian signatur	e:

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