

10/26/10

ALDEN N. YOUNG TRUST
2676 WAKEFIELD RD.
SANBORNVILLE, NH 03872
802-498-5729 (cell)
revnsmith@gmail.com

SCHOLARSHIP APPLICATION

SCHOLARSHIP AID IS AVAILABLE FOR STUDENTS RESIDING IN WAKEFIELD WHO ARE ATTENDING BREWSTER ACADEMY, COLLEGE/UNIVERSITY, OR GRADUATE SCHOOL.

IN MOST INSTANCES SCHOLARSHIP AWARDS ARE MADE DIRECTLY TO THE EDUCATIONAL INSTITUTION.

YOU MAY APPLY FOR SCHOLARSHIP AID EACH YEAR THAT YOU ARE ATTENDING ONE OF THE ABOVE-QUALIFIED EDUCATIONAL INSTITUTIONS.

PLEASE SUBMIT ALL REQUESTED MATERIALS. NO APPLICATION WILL BE CONSIDERED WITHOUT REQUESTED DOCUMENTATION!

REQUIRED DOCUMENTATION

- 1. PROOF OF RESIDENCY IN WAKEFIELD, NH (photocopy of current passport, current driver's license or current tax return)**
- 2. COPIES OF MOST RECENT FEDERAL TAX RETURNS FILED BY APPLICANT AS WELL AS APPLICANT'S PARENTS.**
- 3. COPIES OF THE FINANCIAL AID FORM REPORTS THAT ARE REQUIRED FOR SECONDARY SCHOOL OR COLLEGE/UNIVERSITY GRADUATE SCHOOL.**
- 4. A CURRENT COPY OF THE EDUCATIONAL INSTITUTION'S BILL.**

APPLICANT'S NAME _____

SOCIAL SECURITY # _____

WAKEFIELD ADDRESS _____

EMAIL ADDRESS OF APPLICANT _____

TELEPHONE # OF APPLICANT _____

TELEPHONE # OF PARENT _____

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EDUCATIONAL INSTITUTION FOR WHICH STUDENT IS APPLYING FOR FINANCIAL AID: PLEASE FILL OUT COMPLETELY WITH ACCURATE MAILING ADDRESS!

INSTITUTION NAME _____

INSTITUTION ADDRESS _____

TUITION (do not include room and board) _____

AMOUNT REQUESTED FROM THIS TRUST _____

STATEMENT OF FINANCIAL SUPPORT AVAILABLE TO YOU FROM ALL SOURCES:

PARENTS _____

SCHOLARSHIPS _____

GRANTS _____

ACADEMIC INSTITUTION _____

SELF _____

SPOUSE _____

OTHER _____

SIGNATURE OF APPLICANT _____

DATE OF APPLICATION _____

Please return this completed application, along with requested documentation, to the above address.