



New Hampshire Chapter

NEW HAMPSHIRE CHAPTER OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA SCHOLARSHIP PROGRAM

TO THE APPLICANT:

By completing the information required in this application, you will enable us to determine your eligibility to receive funds provided specifically to help students planning to go on to higher education, and who otherwise satisfy evaluation criteria developed by Citizens' Scholarship Foundation of America, and the New Hampshire Chapter of MOAA.

You must complete your sections of this application at your earliest convenience and forward it to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate to your circumstances, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions as presented are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. CSFA and its affiliate programs reserve the right not to process applications found to be incomplete as of the application post-mark deadline.

REMEMBER: This application becomes valid only when the following items have been submitted:

1. Complete student application.
2. Transcript of High School or College grades as appropriate.
3. Identification of parent/guardian or grandparent who is a member of the New Hampshire Chapter of the Military Officers Association of America, who has agreed to sponsor you.
4. Statement of expected annual college expenses.
5. An application fee of five dollars (\$5.00) payable to N.H. MOAA Scholarship Committee is enclosed. This is to defray administrative costs of handling your application.

REMINDER: Eligibility is restricted to children and grandchildren of members of the New Hampshire Chapter of the Military Officers Association of America.

APPLICANT DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment for each job, and approximate number of hours worked per week. List the total amounts earned at each job.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week	Amount Earned

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church, volunteer work). Indicate all special awards, honors.

Activity	No. of Years Partic.	Special Awards, Honors	Activity	No. of Years Partic.	Special Awards, Honors

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please report any unusual family or personal circumstances you feel warrant attention.

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

APPLICANT APPRAISAL

To be filled out by a high school or college counselor or advisor, a member of the clergy, an instructor, a professional person or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant.

The applicant's choice of a post-secondary education program is	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
I know the applicant	<input type="checkbox"/> Extremely Well	<input type="checkbox"/> Very Well	<input type="checkbox"/> Moderately Well	<input type="checkbox"/> Not Well

Comments _____

Appraiser's Signature _____ Date _____ Title _____ Telephone Number _____ ()

Appraiser's Address _____ (street) _____ (city) _____ (state) _____ (zip)

TRANSCRIPT INFORMATION

Currently enrolled post-secondary students must include most recent college or vo-tech transcript of grades. High school seniors and students who have completed less than one full semester of post-secondary education must include a high school transcript of grades and, if possible, have the following section completed by the appropriate school official.

Applicant ranks _____ in a class of _____ Cumulative grade point average _____

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____ Act % Verbal _____ Math _____

I certify this data is from a current and official transcript.

School Official's Signature _____ Date _____ Title _____ Telephone Number _____ ()

School Official's Address _____ (street) _____ (city) _____ (state) _____ (zip)

APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following materials:

- | | | |
|---|--|--|
| <input type="checkbox"/> Complete Student Application | <input type="checkbox"/> Identification of Chapter Sponsor | <input type="checkbox"/> High School or College Transcript |
| <input type="checkbox"/> Expected Annual Expenses | <input type="checkbox"/> \$5.00 Application Fee | |



Return Completed Application To:

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicants Signature _____

Date _____