



# TOWN OF RINDGE TRUSTEES OF TRUST FUNDS

P.O. BOX 67 RINDGE, NH, 03461  
EMAIL: [trusteetrustfunds@rindgenh.gov](mailto:trusteetrustfunds@rindgenh.gov)

## SCHOLARSHIP APPLICATION FOR RETURNING APPLICANTS

**\*\* Rindge residence is required\*\***

Please PRINT/TYPE All Information

### APPLICANT PERSONAL INFORMATION:

Applicant Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Applicant DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: **Rindge, NH 03461**  
Student Email: \_\_\_\_\_

### SCHOOLING:

Upcoming Class Year: \_\_\_\_\_ (e.g. Sophomore, Junior, Senior, Graduate, PHD)  
Institution Name: \_\_\_\_\_  
Years Attended: \_\_\_\_\_

### COLLEGE/UNIVERSITY/INSTITUTE INFORMATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Major: \_\_\_\_\_

### EMPLOYMENT: *Please list current or recent employers*

Job Title	Employer	Dates Employed	Pay Rate	Hrs/Week



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**PARENT/GUARDIAN INFORMATION:** *Complete if under the age of 21 or living with a parent/guardian in Rindge*

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address of Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email of Parent/Guardian: \_\_\_\_\_

Phone Number of Parent/Guardian: \_\_\_\_\_

**AWARD INFORMATION:** All qualified applicants will receive \$2,100.

**APPLICATION REQUIREMENTS: *\*\*Application must be submitted with the attachments listed below\*\****

- Proof of Rindge residency (for example, a utility bill or property tax bill showing the residence address).
- Copy of your financial aid award letter from your college or institution and/or tuition bill statement

### **OPTIONAL ADDITIONAL FUNDING – UP TO \$500:**

Applicants may be eligible for additional funding based on one or more of the following circumstances:

1. Household with 3 or more dependents (including the applicant if the applicant is a minor).
2. Household Adjusted Gross Income (AGI) less than \$60,000.
3. Academic Excellence

To be considered, complete the Additional Funding Section on Pg. 3 and attach the required documentation.

**PLEASE CHECK THIS BOX IF YOU ARE APPLYING FOR THE ADDITIONAL FUNDING.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Submit Application by mail to: Trustee of Trust Funds, P.O. Box 67, Rindge, NH 03461, or email to [trusteetrustfunds@rindgenh.gov](mailto:trusteetrustfunds@rindgenh.gov)**



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## ADDITIONAL FUNDING APPLICATION – UP TO \$500

Use this page only if you are applying for up to \$500 in additional funding for special circumstances.

**PLEASE CHECK THE BOX NEXT TO THE SPECIAL CIRCUMSTANCE THAT YOU ARE FILING UNDER AND ATTACH THE REQUIRED DOCUMENTATION.**

### ELIGIBILITY CRITERIA:

1. Household with 3 or more dependents (including the applicant if the applicant is a minor).
2. Adjusted Gross Income (AGI) less than \$60,000.
3. Academic excellence (GPA of 3.5 or higher).

**1. CHECK THIS BOX IF APPLYING UNDER THE HOUSEHOLD WITH 3 OR MORE DEPENDENTS CRITERION:**

Please list all other dependents in your household and their ages:

Name of Dependent	Age	Name of Dependent	Age

**Required Documentation:** Attach a copy of your or your parent/guardian's IRS Form 1040 (pages 1 and 2) showing your address, adjusted gross income, and number of dependents.

**2. CHECK THIS BOX IF APPLYING UNDER THE HOUSEHOLD AGI OF LESS THAN \$60,000 CRITERIA:**

Provide documentation showing that your household's Adjusted Gross Income (AGI) is less than \$60,000.

**Required Documentation:** Attach IRS Form 1040 (pages 1 and 2) showing address and adjusted gross income.

**3. CHECK THIS BOX IF APPLYING UNDER THE ACADEMIC EXCELLENCE CRITERIA:**

Applicants with a GPA of 3.5 or higher (or equivalent) may qualify.

**Required documentation:** Submit a transcript, official or unofficial, that includes the student's name, school name, date, and GPA.

***If applying for additional funding, please make sure to submit this page of the application and the required documentation with the New Applicant Scholarship Application by mail to: Trustee of Trust Funds, P.O. Box 67, Rindge, NH 03461, or email to [trusteetrustfunds@rindgenh.gov](mailto:trusteetrustfunds@rindgenh.gov).***