

Describe your education and career goals (you may attach another sheet if necessary):

Describe any special personal or family circumstances that you would like us to take into consideration in reviewing your application (you may attach another sheet if necessary):

TO BE FILLED OUT BY A SCHOOL OFFICIAL

Student ranks ____ in a class of ____ Cumulative GPA ____ PSAT/SAT ____ / ____
(4.0 scale) verbal math

Signature

Title

Date

TRANSCRIPT

Your high school transcript must be provided by the guidance office and accompany this application.

CERTIFICATION

**I certify that the information on this form is true and complete to the best of my knowledge.
I understand that the financial information will be considered confidential, for review by the New Boston
Historical Society Scholarship committee.**

Students Signature

Date

APPLICANT APPRAISAL

STUDENT'S NAME: _____

Please have this section completed by a school administrator, counselor, teacher, community or religious leader, or other non-family member who is in a position of authority and who knows you and your accomplishments.

CHECK APPROPRIATE CHOICE

The applicant's choice of post-secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> not appropriate
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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
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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
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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
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The applicant is able to seek, find and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant demonstrates good problem-solving skills, follows through and complete tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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We encourage you to add additional comments about this student. For example, tell us of any special circumstances or personal challenges that this student may have had to overcome:

Appraiser's Signature & Title

Date

FAMILY FINANCIAL INFORMATION

If you are a **dependent** student, please have your parents complete the **PARENT INFORMATION** section of this form using information from their most recent IRS Tax Return. You must **complete** the **STUDENT INFORMATION** section. You are a dependent student if you are under 24 years of age.

If you are **independent**, information about you and your spouse (if applicable) must be included. You do not need to supply information from your parents. Figures should be taken from your most recent U.S. Income Tax Return. You are an independent student if you are 24 years of age or older. If you are under 24, you may claim independent status only if you have (1) served in the military or (2) are a ward of the courts (3) are married and living away from your parents for two consecutive years and have earned at least \$4,000 in each of these two years.

PARENT (or spouse) INFORMATION

Adjusted gross income.....\$ _____
Total U.S. income tax paid.....\$ _____

Income earned from work by
father.....\$ _____
mother.....\$ _____

Untaxed income & benefits
(Child support, AFDC, ADC, SSI)... \$ _____

Medical/dental expenses not
covered by insurance.....\$ _____

Cash, savings, stocks, bonds,
CD's, etc.....\$ _____

Net value of real estate not used
as a primary residence (market
value less balance of mortgage).....\$ _____

Total number of family members.....# _____

STUDENT INFORMATION

Adjusted gross income.....\$ _____
Total U.S. income tax paid.....\$ _____

Income earned from work by
you.....\$ _____
spouse.....\$ _____

Untaxed income & benefits
(Child support, AFDC, ADC, SSI) \$ _____

Medical/dental expenses not
covered by insurance.....\$ _____

Cash, savings, stocks, bonds,
CD's, etc.....\$ _____

Net value of real estate not used
as a primary residence (market
value less balance of mortgage).....\$ _____

Total number of family members....# _____

ADDITIONAL INFORMATION

Parent's current marital status: single married separated divorced widowed

Your current marital status: single married separated divorced widowed

Total number of family member who will be attending college during the next academic year: ____

CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge. I understand that the financial information will be considered confidential, for review only by members of the New Boston Historical Society Scholarship Advisory Committee.

Student Signature _____ Date _____
Parent Signature _____ Date _____

**NEW BOSTON HISTORICAL SOCIETY
RENA DAVIS MEMORIAL SCHOLARSHIP**

The New Boston Historical Society has established the Rena Davis Memorial Scholarship for \$500.00 to be awarded to a New Boston high school graduate who will be going on to study history; ie social studies, anthropology, archeology etc.

Deadline to submit applications is May 12, 2006.

For more information contact:

Dick Moody

487-3379

Rmoody3415@aol.c