

THE MEDALLION FUND

About the Program

The Medallion Fund was created by local businessmen who recognize that a skilled workforce is critical for expanding economic development. Most recently, Eastern Bank has contributed a significant amount that will enable many more awards to be made over the next three years. The goal of the Fund is to assist individuals interested in attending accredited vocational or technical programs to improve their workforce skills, especially in high need occupations in the New Hampshire.

Who Should Apply

The Medallion Fund provides scholarships to individuals of any age who are enrolling in any accredited vocational or technical program that will help them be more employable. Students currently enrolled in a BA or other advanced degree programs are not eligible

A candidate might be planning to attend a community college, vocational school, trade school, apprenticeship or other short-term training program in fields such as automotive technology, plumbing, heating, construction, advanced manufacturing, computer repair, etc.

The Medallion Fund give preference to applicants who:

- Are pursuing traditional manufacturing trade fields such as plumbing, electrical, construction, machining, or other high need occupation;
- Have a clear vision for how their education will help them achieve their employment and career goals;
- Have had little or no other educational or training opportunities;
- Have made a financial commitment to their educational program.

Qualifications

The Medallion Fund is interested in supporting individuals who:

- Have the drive to set and complete their training goals;
- Demonstrate competency in and a commitment to their chosen field of study;
- Are a legal resident of New Hampshire.

What You Will Need to Apply

- A history of your employment;
- Grades from any previous training done within the past 5 years.

When to Apply

There is **no deadline** for application to the Medallion Fund. Applications are accepted at any time during the year. Decisions are made every four to six weeks. Applicants are notified of decisions via regular mail.

Where to send the application

The MEDALLION FUND
c/o NHCF
37 Pleasant Street
Concord, NH 03301-4005

Awards

This is a competitive program. There are not sufficient funds to award all applicants. Typically we make awards to 50% of those who apply.

How awards are paid

If you receive an award, you can expect an award check to be sent to you within two weeks after receiving your award letter. Most often your award check will be made co-payable to you and to the training program you plan to attend.

For more information

If you have any questions about this application or about the Medallion Fund, please call the Student Aid Office at the Foundation at 1-800-464-6641 or email studentdocs@nhcf.org



NEW HAMPSHIRE CHARITABLE FOUNDATION

MEDALLION FUND

Please fill out all the pages of this application. Please take the time to print your answers to the questions legibly. If you have any questions about the form, please call the Student Aid Office at 1-800-464-6641 or email studentdocs@nhcf.org

PERSONAL INFORMATION

Applicant Name Ms. _____

Mr. First _____ Last _____

Home Mailing Address: _____

City _____ Zip code _____

Town/ City Residency (if different from mailing address): _____

(____) _____ (____) _____ _____

Cell or Home phone _____ Work Phone _____ Email Address _____

Birth Date (mm/yy): _____ Social Security No. (last 4 digits only): _____

Ethnicity (check one):

- African American Native American
 Asian/Pacific Islander White (non-Hispanic)
 Hispanic/Latino Other (Please Explain) _____

If you or your parents were born outside of the US - what was your country of origin? _____

If you or your parents were born outside of the US - how long have you lived in the US? _____

High School Graduation Date (mm/yy): _____ or GED/HiSET Date (mm/yy): _____

(If you completed high school or GED within the past 3 years, please send transcript with your application)

Have you completed any training or education beyond high school? yes no
(If yes, please detail what the training was and what credential you earned (certificate, license, AA or BA degree) and the date of completion)

Training _____ Credential _____ Date of Completion _____

Training _____ Credential _____ Date of Completion _____

PERSONAL INFORMATION - Continued

Please list any community and/or school activities or volunteer experience which you have accomplished. It is helpful to know how long you have been involved with a particular activity.

Activity	How Long? <i>(from MM/YY to MM/YY)</i>
_____	___/___ to ___/___
_____	___/___ to ___/___
_____	___/___ to ___/___
_____	___/___ to ___/___

Please list any paid work experience you have had. You may enclose a current resume instead of filling out this section. It is important that we know how long you stayed with a particular employer and what job you held.

Employer	How Long? <i>(from MM/YY to MM/YY)</i>	Job Held
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____
_____	___/___ to ___/___	_____

FUTURE PLANS

Please tell us what job you hope to obtain upon completion of your studies; but also tell us about your future career aspirations beyond your immediate goal and why you have chosen this field:

SPECIAL CIRCUMSTANCES

Please tell us about any special person, family or financial circumstances that will help us better understand your request for aid:

CURRENT EDUCATION PLANS

School/Program you plan to attend: _____

Start Date (mm/yy): _____

Completion Date (mm/yy): _____

Credential You Will Receive Upon Completion (check one):

- Associate's Degree
- Trade License or Certificate
- Other – please explain: _____

FIELD OF STUDY

Check one that best describes what educational/training program in which you are enrolling

- Accounting/Finance
- Advanced Manufacturing Processes
- Applied Technology
- Automotive/Diesel Technology
- Computer Technology
- Cyber Security
- Dental Hygiene
- Electrical
- Engineering Technology
- Allied Health Care (LNA, LPN, CMA, Radiology, Physical Therapy, etc)
- Human Service/Social Work
- HVAC/Pipefitting/Tube bending
- Information Technology
- Machining
- Mental Health/Counseling
- Nursing (RN only)
- Physical Sciences (Chemistry, Physics)
- Plumbing
- Welding
- Other – Please Explain: _____

COST OF EDUCATION & HOW YOU PLAN TO PAY FOR IT

We expect that applicants will contribute some amount toward the cost of their education program. We also expect applicants to apply for Federal and/or State aid for which they are eligible. Medallion awards are rarely made to cover the full cost of an education program. You will need to do some basic math to fill out this section of the application – having a calculator will be helpful. If you need help with this section, please call the Student Aid Office at 1-800-464-6641 ext #226 or email studentdocs@nhcf.org

PROGRAM COSTS

- | | |
|-------------------------------------|----------|
| 1. Tuition (cost to enroll) | \$ _____ |
| 2. Books and/or equipment | \$ _____ |
| TOTAL COST (<i>add #1 and #2</i>) | \$ _____ |

RESOURCES

- | | |
|--|----------|
| 3. What you (& your family) can pay | \$ _____ |
| 4. Pell Grant | \$ _____ |
| 5. Stafford or Perkins Loans | \$ _____ |
| 6. Employer reimbursement | \$ _____ |
| 7. Veterans Benefits | \$ _____ |
| 8. NH Voc-Rehab | \$ _____ |
| 9. Other State Funding Programs | \$ _____ |
| 10. Other private aid or loans | \$ _____ |
| TOTAL RESOURCES (<i>add #3 thru #10</i>) | \$ _____ |

AID GAP (TOTAL COST *minus* TOTAL RESOURCES) \$ _____

AMOUNT YOU ARE REQUESTING FOR AID \$ _____

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 Hampshire Charitable Foundation and members of the Scholarship Advisory Committee. I also agree that my name can be used in announcements made by the Foundation or affiliated organizations regarding any award I may be given.

Applicant Signature & Date

FAMILY FINANCIALS

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 or (4) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years.

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 YOUR INFORMATION section.

YOUR INFORMATION

Adjusted gross income: \$ _____

Total U.S. income tax paid: \$ _____

Income earned from work \$ _____

Untaxed income and 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 primary
residence (market value less balance of mortgage):
\$ _____

Parent or Spouse INFORMATION

Adjusted gross income: \$ _____

Total U.S. income tax paid: \$ _____

Income earned from work by
Father (spouse): \$ _____
Mother (spouse): \$ _____

Untaxed income and 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 primary
residence (market value less balance of mortgage):
\$ _____

ADDITIONAL FAMILY INFORMATION

My current marital status (circle one): married divorced widowed single

I have dependent children (circle one): Yes No Number of dependent children: # _____

Total number of family members who live in the household # _____

How many will be attending college during the next academic year? # _____

APPLICANT APPRAISAL

APPLICANT: The applicant appraisal page should be filled out by someone who is not a family member or a personal friend. It should be filled out by someone who knows you and your skills – this could be a current teacher, employer, former employer, case worker, faculty member, religious or community leader. You may substitute a letter of recommendation from any of the above for this page.

APPRAISER: Please rate the applicant's skill 1 for excellent; 2 for adequate; 3 for needs improvement. You should return this page to the applicant in a sealed envelope. Please do not send the appraisal to the Foundation directly.

The Applicant works to the best of his/her ability

The Applicant is able to set realistic and attainable goals

The Applicant follows through and completes tasks

The Applicant works well in a team

The Applicant is respectful of others

The Applicant is able to take direction well

Please tell us more about this applicant and your relationship to him/her:

Appraiser Signature Date & Phone or Email