



NEW HAMPSHIRE CHARITABLE FOUNDATION

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. 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. Students currently enrolled in a BA or other advanced degree programs are not eligible

A candidate could 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.

Because Medallion Fund resources are limited, preference is given to applicants who:

- are pursuing traditional manufacturing trade fields such as plumbing, electrical, construction, machining, etc.;
- 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;

- are enrolled in any accredited vocational or technical program;
- demonstrate competency and a commitment to their chosen field of study;
- are a legal resident of New Hampshire.

What You Will Need to Apply

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

Incomplete application will not be reviewed. Please review your application carefully before submitting it.

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 in writing.

Where to Send the Application

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

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.

PERSONAL INFORMATION

Student Name Ms. _____
 Mr. first middle initial last

Home Mailing Address: _____
_____ city state zip code county

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

(____) _____ (____) _____ Ethnicity (chose one): African American
home phone work phone Asian/Pacific Islander
(____) _____ Hispanic or Latino
cell phone email address Native American
White

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

I am a: dependent student (under 24 years old)
 independent student (over age 24, or under 24 & married or with dependents)

High School or GED: _____ /_____
school name, state completion date

School for which: _____ /_____
aid is requested school name, state expected graduation

CHECK ONE IN EACH CATEGORY

Type of Degree: 2-year Associate's degree
 non-degree program or diploma
 professional license/certificate

This will be my: 1st year 2nd year 3rd year

I will be enrolled: full-time half-time or more (6+ credits) less than half-time

I will live: on campus off campus commuting from home

Field of Study: _____

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.

Student Signature & Date

Updated: 9/5/17

SCHOOL AND/OR COMMUNITY ACTIVITIES

List all community and school activities in which you have participated. Include sports, student government, clubs, volunteer projects, etc. (attach additional sheet if necessary)

Activity	How Long?	Special Honors
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____

PAID WORK EXPERIENCE

You may enclose a current resume instead of filling out this section

Employer	How Long?	Position Held
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____

EDUCATION AND CAREER GOALS

Describe your education and career goals – why have you chosen this course of study; what job or career are you thinking about (attach additional sheet if necessary):

SPECIAL CIRCUMSTANCES

Please tell us about any special family or financial circumstances that may have influenced your school work or career plans:

FAMILY FINANCIAL STATEMENT

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 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.

PARENT (or spouse) INFORMATION

Adjusted gross income \$ _____

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

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

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)..... \$ _____

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

STUDENT INFORMATION

Adjusted gross income..... \$ _____

Total U.S. income tax paid \$ _____

Income earned from work by
you \$ _____
your spouse (if applicable)..... \$ _____

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) \$ _____

Total number of family members # _____

ADDITIONAL FAMILY INFORMATION

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

Your current marital status: single married separated divorced widowed

Total number of family members who will be attending college during the next academic year: _____

APPLICANT APPRAISAL

This section should be completed by a school administrator, counselor, teacher, community or religious leader, or other person not related to you who knows you and your accomplishments. To insure confidentiality, please ask your appraiser to put this into a sealed envelope when returning it to you.

CHECK APPROPRIATE CHOICE

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 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
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
The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well

Additional Comments - We encourage you to let us know more about this student (attach another sheet if necessary):

Appraiser's Signature, Title & Date

TRANSCRIPTS

Graduating high school seniors must include a high school transcript with this application. Undergraduate or graduate students must include their recent college transcript. GED students must send GED test results. Applicants who have completed high school or other training program within the past 5 years should submit a grade reports from that work.

HIGH SCHOOL STUDENTS ONLY - TO BE FILLED OUT BY A SCHOOL OFFICIAL

Student ranks _____ in a class of _____

Cumulative GPA _____ (4.0 scale)

SAT SCORES

_____critical reading _____ writing _____math

ACT SCORES

_____verbal _____math

Signature, Title & Date

SPECIAL ELIGIBILITY CODES

To help us match you to funds that we have, please check the following list for what applies to you. If you do not qualify for any of our specially restricted funds, you are still eligible for funding from our unrestricted funds. If you have any questions, please contact the Student Aid Office at 1-800-464-6641.

SPECIAL POPULATION (check any that apply) *You MUST include documentation when checking any of these codes - a copy of a membership card, wage statement, or employer certification may meet the requirement.*

Please call for specific instructions if you have questions.

You will not be considered for any of these funds without the documentation.

- Participated in Portsmouth HS Athletics
- Belgian Descent
- Concord Hospital Employee
- Granite State Telephone customer
- Handicapped
- Life threatening or chronic illness
- Lithuanian Descent
- NH Adjustors Association Member or Dependent
- Dependent of NH Protestant Episcopal Minister
- Polish Descent
- Naval Junior ROTC or Sea Cadet
- Portsmouth Regional Hospital Employee
- State Employee Association Member or Dependent
- St. Mary's Bank Credit Union Member or Dependent
- Employed in the tourism industry
- Veteran or veteran family member

OTHER (check any that apply)

- Willing to repay award
- Plan to stay in NH after studies

COST OF EDUCATION OR TRAINING

Applicants are expected to contribute toward the cost of their education program. In addition, candidates should have applied to all applicable federal & state aid programs, including the Stafford Loan Program. The assistance offered by the Foundation is a supplement to these aid programs and not a substitute for them.

If you are unable to fill this out by yourself, you should take it to the financial aid office or director of the program that you plan to attend for help in completing this section.

PROGRAM COSTS

A. Tuition	\$ _____
B. Other Direct Costs (fees, books, equipment, etc.)	\$ _____
TOTAL COST (A + B)	\$ _____

RESOURCES

A. What you (& your family) can pay	\$ _____
B. Federal aid for education you may receive (Pell Grant, Stafford Loan, Perkins Loan, etc.)	\$ _____
C. Employer reimbursement	\$ _____
D. Veterans Benefits	\$ _____
E. NH Voc-Rehab	\$ _____
F. Other State Funding Programs	\$ _____
G. Other private aid or loans	\$ _____
TOTAL RESOURCES (A+B+C+D+E+F+G)	\$ _____

AID GAP (total cost – total resources) \$ _____

AMOUNT YOU ARE REQUESTING \$ _____