

## THE MEDALLION FUND

### About the Program

The Medallion Fund was created by local business people 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](mailto: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/dd/yy): \_\_\_\_\_ Social Security Number (last 4 digits only): \_\_\_\_\_

Ethnicity (check one):

- African American
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- White (non-Hispanic)
- 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 5 years, please send a transcript with your application)*

For applicants who attend(ed) NH high schools:

What is the name of the high school from which you are graduating or have graduated? \_\_\_\_\_

Did you attend classes at the local CTE (Career & Technical Education) center while in high school?     yes     no

If YES, what is the name of the CTE School? \_\_\_\_\_

If YES, in what CTE program(s) were you enrolled? \_\_\_\_\_

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; if within 3 years, please include transcript or grades). Example: Manchester Community College; welding certificate; 02/2015*

Training/School	Credential Earned	Date of Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL INFORMATION - Continued**

If you are a recent high school graduate, please list any community service, internships or volunteering or work-based projects in which you have participated. Please also include other school-based activities such as sports, band or clubs like HOSA. If you have been out of school for 3 years or more, please use this section to list volunteer or community activities in which you participate. It is helpful to know how long you have been involved with a particular activity. *You may submit a current resume instead of filling out this section.*

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

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

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

**FUTURE PLANS**

Please tell us about your plans after you finish the training/education program for which you are seeking aid. What job you hope to obtain? Do you have a career goal that you hope to pursue later on? Why did you choose this current course of study or career?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL CIRCUMSTANCES**

Please tell us about any special person, family or financial circumstances that will help us better understand your request for aid *(Examples: unemployment; homelessness, addiction, incarceration etc.)*.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CURRENT EDUCATION/TRAINING 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: \_\_\_\_\_

If you are already enrolled in a degree program, please use the "start date" to tell us when your next academic term starts. Also, please enclose a copy of your most recent transcript from prior coursework

## 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

Medallion awards are rarely made to cover the full cost of an education program. We expect applicants to contribute financially toward the cost of their educational program. In addition, we expect applicants to apply for Federal or State financial aid (if your education program qualifies for funding). To be eligible for Federal aid programs, you will need to complete the Free Application for Federal Student Aid at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

We need some basic information about the cost of your educational program and any aid that you may be receiving. To complete the following section you'll need to look up cost information for the school or program you plan to attend. Having a calculator will be helpful.

*Note: If you need help with this section, please call the Student Aid Office at 1-800-464-6641 ext. #2 or email [studentdocs@nhcf.org](mailto:studentdocs@nhcf.org)*

### PROGRAM COSTS

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

### 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 (add #3 thru #10)    | \$ _____ |

*\*If you filed the FAFSA, you should use the EFC figure here*

### AID GAP

(TOTAL PROGRAM COST *minus* TOTAL RESOURCES) \$ \_\_\_\_\_

AMOUNT YOU ARE REQUESTING FOR AID \$ \_\_\_\_\_

Note: Pell Grant and Stafford/Perkins Loans are Federal/State financial aid that are awarded to people based on submitting the FAFSA. If your program isn't eligible for Federal aid enter 0.

## 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 an "Independent" student you won't need your parent's financial information for this section but you will need your most recent tax return. You are considered "Independent" if any of the following apply:

- you are at least 24 years old; or
- you are under 24 but you have:
  - served in the military, or
  - you are a ward of the courts, or
  - you are married and living away from your parents, or
  - you unmarried but with dependent(s) of your own, or
  - you haven't been claimed as a dependent on your parents IRS tax return for 2 consecutive years.

If none of the above apply to you, you are considered a "Dependent" student and will need information from both your IRS tax return and your parents IRS tax return.

### 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 (include yourself): \_\_\_\_\_

Number of family members who will be attending training/college during the year (include yourself): \_\_\_\_\_

## 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:

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Appraiser Signature Date & Phone or Email