

मेडालियन कोष

कार्यक्रमको बारेमा

मेडालियन कोष स्थानीय व्यवसायीद्वारा स्थापना गरिएको हो जसले आर्थिक विकास विस्तार गर्न कुशल कार्यबल चाहिन्छ भन्ने कुरा पहिचान गरेका थिए। हालसाली, इस्टर्न बैंकले एक उल्लेखनीय रकमको योगदान गरेको छ जसले आगामी तीन वर्षसम्म थप पुरस्कारहरू दिन सक्षम गर्नेछ। यो कोषको लक्ष्य, विशेष गरि न्यु ह्याम्पसायरमा व्यवसायको उच्च आवश्यकताको लागि आधिकारिक व्यवसायिक वा प्राविधिक कार्यक्रमहरूमा समावेश हुन चाहने व्यक्तिहरूलाई सहयोग गर्नु हो।

कसले आवेदन गर्नुपर्छ

मेडालियन कोषले कुनै पनि आधिकारिक व्यवसायिक वा प्राविधिक कार्यक्रमहरूमा समावेश हुने जुनसुकै उमेरका व्यक्तिहरूलाई पनि उनीहरू थप रोजगारमुखी हुन सहयोग गर्नको लागि छात्रवृत्ति प्रदान गर्दछ। BA वा अन्य उन्नत डिग्री कार्यक्रमहरूमा अध्ययनरत विद्यार्थीहरू योग्य छैनन्।

एक उम्मेदवारले सामुदायिक कलेज, व्यवसायिक विद्यालय, व्यापारिक विद्यालय, तालिमको अवधिमा काम वा अटोमोटिभ प्रविधि, प्लम्बिंग, हिटिंग, निर्माण, उन्नत उत्पादन, कम्प्युटर मर्मत, आदि जस्ता अन्य छोटो-अवधिको तालिम कार्यक्रममा सहभागी हुने योजना बनाइरहेको हुनसक्छ।

मेडालियन कोषले यस्ता आवेदकहरूलाई प्राथमिकता दिन्छ जसले:

- प्लम्बिंग, इलेक्ट्रिकल, निर्माण, मेशिनरी, वा अन्य उच्च आवश्यकताका व्यवसाय जस्ता परम्परागत उत्पादन व्यवसाय अपनाइरहेका छन्,
- जोसँग उनीहरूको शिक्षाले उनीहरूको रोजगार र क्यारियरको लक्ष्यलाई कसरी सहयोग गर्छ भन्ने स्पष्ट दृष्टि छ,
- जोसँग कम वा नगण्य अन्य शिक्षा वा तालिमका अवसरहरू छन्,
- जसले उनीहरूको शिक्षा कार्यक्रममा वित्तीय प्रतिबद्धता गरेका छन्।

योग्यताहरू

मेडालियन कोषले यस्ता व्यक्तिहरूलाई सहयोग गर्न इच्छुक छ जसले:

- उनीहरूको तालिमको लक्ष्य निर्धारण गर्न र पूरा गर्न हाँक सक्छन्
- उनीहरूले छनौट गरेको अध्ययनको संकायमा प्रतिस्पर्धा र प्रतिबद्धता देखाउँछन्
- न्यु ह्याम्पसायरका वैध निवासी हुन्।

आवेदन गर्न तपाईंलाई के आवश्यक छ

- तपाईंको रोजगारको इतिहास,
- पछिल्लो ५ वर्षमा गरिएका कुनै पनि तालिमका ग्रेडहरू।

कहिले आवेदन गर्ने

मेडालियन कोषमा आवेदन गर्न कुनै अन्तिम मिति छैन। वर्षको कुनै पनि समयमा मेडालियन कोषको लागि आवेदनहरू स्वीकार गरिन्छन्। प्रत्येक चार देखि छ हप्तामा निर्णयहरू गरिन्छन्। आवेदकहरूलाई नियमित पत्राचारद्वारा निर्णयको जानकारी गराइन्छ।

आवेदन कहाँ पठाउने

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

पुरस्कारहरू

यो एक प्रतिस्पर्धात्मक कार्यक्रम हो। सबै आवेदकहरूलाई पुरस्कृत गर्न पर्याप्त कोष छैन। सामान्यतया हामीहरू आवेदन गर्नेहरू मध्ये ५०% लाई पुरस्कृत गर्छौं।

पुरस्कार कसरी प्रदान गरिन्छ

यदि तपाईंले पुरस्कार प्राप्त गर्नुभएमा, तपाईंले एक पुरस्कारको चेक तपाईंको पुरस्कार पत्रको साथमा दुई हप्ता भित्र पठाउने आशा गर्न सक्नुहुन्छ। धेरै जसो अवस्थामा तपाईंको पुरस्कार चेक तपाईं र तपाईंले योजना गर्नु भएको तालिम कार्यक्रमलाई सह-भुक्तानी गरिनेछ।

थप जानकारीको लागि

यदि तपाईंलाई यो आवेदन वा मेडालियन कोषको बारेमा कुनै जिज्ञासाहरू छन् भने, कृपया फाउण्डेशनको विद्यार्थी सहयोग कार्यालयको 1-800-464-6641 मा फोन गर्नुहोस् वा studentdocs@nhcf.org मा इमेल गर्नुहोस्।

कृपया आवेदन भर्ने बेलामा, अंग्रेजीको मात्र प्रयोग गर्नुहोला

कृपया आवेदन भर्ने बेलामा, अंग्रेजीको मात्र प्रयोग गर्नुहोला

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.

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

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:

Appraiser Signature Date & Phone or Email