



## THE MEDALLION FUND

### About the program:

The Medallion Fund was created by local businesspeople who recognized 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. The goal of the Fund is to provide financial assistance to individuals interested in attending accredited vocational or technical programs to improve their workforce skills – especially in high need occupations in the state of 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. A candidate might be planning to attend a community college, vocational school, trade school, apprenticeship or other short-term training program in fields including (but not limited to) automotive technology, plumbing, heating, construction, advanced manufacturing, and computer repair. **Students enrolled in a Bachelor's Degree program or graduate level study are not eligible to apply and should visit [www.nhcf.org](http://www.nhcf.org) to explore other Foundation resources.**

The Medallion Fund gives 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 education will help them achieve 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 supports 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 and there are not sufficient funds to award all applicants. Typically we make awards to approximately 50% of those who apply. Award sizes are individualized and are determined by evaluating the costs of the training program, examining any financial aid offered, and taking in to account the student's family finances. The maximum award amount is \$2,500.

### 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. 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). The Foundation's regular business hours are Monday through Friday 8:30 am to 5:00 pm.



## THE MEDALLION FUND

Please complete all of the pages of this application and take the time to print your answers legibly. If a question does not apply to you, please cross it out or put a zero instead of leaving it blank.

If you have any questions, please contact the Student Aid Department at [studentdocs@nhcf.org](mailto:studentdocs@nhcf.org).

### PERSONAL INFORMATION

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Town/City of Residency (if different from mailing address): \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last 4 Digits of Social Security Number (optional): \_\_\_\_\_

I identify as: ☐ Female ☐ Male ☐ Prefer not to answer ☐ Not listed

If you answered "not listed" on the question above and wish to write in a response, please do so here: \_\_\_\_\_

Race / Ethnicity: ☐ American Indian or Alaska Native ☐ Middle Eastern  
☐ Asian or Asian American ☐ Native Hawaiian or Pacific Islander  
☐ Black, African or African American ☐ Not listed  
☐ Ethnicity or origin not listed ☐ Prefer not to answer  
☐ Hispanic or Latinx ☐ Two or more races or ethnicities  
☐ Indian Subcontinent ☐ White

Were you born outside of the U.S.? ☐ Yes ☐ No

If yes, what country did you move to the U.S. from? \_\_\_\_\_

If yes, how long have you lived in the U.S.? \_\_\_\_\_

## PRIOR EDUCATION

*This section is for applicants who attend(ed) high school or a GED or HiSET course in the U.S.*

*If you completed secondary education outside of the U.S., please leave this section blank.*

*If you are currently enrolled in high school or a GED program or you completed high school or a GED program within the last five years, you must include a transcript with this application. It need not be an official transcript, but it must be cumulative. Do not send your transcript separately.*

High School Name and State: \_\_\_\_\_

High School Graduation Date: \_\_\_\_ / \_\_\_\_ OR GED/HiSET Completion Date: \_\_\_\_ / \_\_\_\_

Did you attend a Career & Technical Education Center during high school? ☐ Yes ☐ No

If yes, what is the name of the CTE Center? \_\_\_\_\_

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

Have you completed any training or education beyond high school/GED/HiSET? ☐ Yes ☐ No

*If yes, please list each training or education, the credential you earned (certificate, license, Associate's Degree, or Bachelor's Degree), and the date of completion. You may submit a current resume instead of filling out this section.*

*If you completed any training or education within the last five years, you must include a transcript for that coursework with this application. It need not be an official transcript, but it must be cumulative. Do not send your transcript separately.*

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

## ACTIVITIES

List any community service, volunteering, clubs, activities, or sports in which you have participated. 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?	Special Honors
_____	_____ / _____ to _____ / _____	_____
_____	_____ / _____ to _____ / _____	_____
_____	_____ / _____ to _____ / _____	_____

## WORK EXPERIENCE

List all of your current and previous employment experiences, including internships. 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?	Position Held
_____	_____ / _____ 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 do 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?

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## 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.)

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## CURRENT EDUCATION / TRAINING PLANS

School or program you plan to attend: \_\_\_\_\_

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*If you have already started your education or training program, please use the start date question above to tell us when your next academic term starts. If you have already started your education or training program, you must include a transcript with this application. It need not be an official transcript, but it must be cumulative. Do not send your transcript separately.*

Credential you will receive upon completion (check one). Please note that candidates for Bachelor's Degrees are not eligible to apply for Medallion funding and should apply online at [www.nhcf.org](http://www.nhcf.org).

☐ Associate's Degree

☐ Trade License or Certificate

☐ Other (please explain): \_\_\_\_\_

## FIELD OF STUDY

Check the option below that best describes your education or training program; check only one.

- ☐ 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/Human Services
- ☐ Nursing (RN only)
- ☐ Physical Sciences (Chemistry, Physics)
- ☐ Plumbing
- ☐ Welding

If your field of study is not listed, please write it in: \_\_\_\_\_

## COST OF EDUCATION

Medallion awards are rarely made to cover the full cost of an education or training program. Applicants are expected to contribute financially and to apply for any federal or state financial aid programs for which they may qualify.

Federal student aid information: <https://studentaid.ed.gov/sa/>

State student aid information: <https://www.education.nh.gov/>

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. If you need help with this section, please contact the Student Aid Department at [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. Subsidized & Unsubsidized loans (also known as Stafford) | \$ _____ |
| 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.

## ST. MARY'S BANK

Are you a member of or do you have an account with St. Mary's Bank? YES NO

## 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 IRS 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 if you: (1) have served or are currently serving in the military or (2) are a ward of the courts or (3) are married, widowed, or divorced or (4) have at least one dependent child or (5) have not been claimed as a dependent child for two consecutive tax years.

### 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 (such as child support, AFDC, ADC, and SSI): \$ \_\_\_\_\_

Medical and dental expenses not covered by insurance: \$ \_\_\_\_\_

Cash, savings, stocks, bonds, etc. \$ \_\_\_\_\_

Net value of real estate not used as primary residence: \$ \_\_\_\_\_

### PARENT INFORMATION

Adjusted gross income: \$ \_\_\_\_\_

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

Total income earned from work by:

Father: \$ \_\_\_\_\_

Mother: \$ \_\_\_\_\_

Untaxed income and benefits (such as child support, AFDC, ADC, and SSI): \$ \_\_\_\_\_

Medical and dental expenses not covered by insurance: \$ \_\_\_\_\_

Cash, savings, stocks, bonds, etc. \$ \_\_\_\_\_

Net value of real estate not used as primary residence: \$ \_\_\_\_\_

### ADDITIONAL INFORMATION

Your current marital status: ☐ single ☐ married ☐ separated ☐ divorced ☐ widowed

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

How many dependent children do you have? \_\_\_\_\_

How many family members, including yourself, live in your household? \_\_\_\_\_

How many family members in your household will attend college this year? \_\_\_\_\_

### CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge. If asked by any authorized official of NHCF, I agree to give documentation for information given on this form. I realize that this proof may include a copy of an IRS Tax Return.

\_\_\_\_\_  
Applicant Signature & Date

## APPLICANT APPRAISAL

APPLICANT: this 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 submit a letter of recommendation instead of 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 add any additional comments that will help us fully understand this student, their strengths and weaknesses, and your relationship to the student:

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Appraiser Name: \_\_\_\_\_

Appraiser's Relationship to Applicant: \_\_\_\_\_

Appraiser Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Appraiser Email Address: \_\_\_\_\_

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Appraiser Signature & Date