

**APPLICATION for MONT VERNON RESIDENTS ONLY**  
**SKENDERIAN \* McCOLLOM \* GRIFFIN \*and FOSTER\* SCHOLARSHIPS**

*These scholarships were established for residents of Mont Vernon, New Hampshire and awarded only to full time students in a certificate, associate degree or bachelor's degree program.*

**DIRECTIONS: LEAVE NO LINES BLANK.** If answer is non-applicable, write N/A. Applications may be handed in to student services or mailed to: Trustees of Trust Funds, PO Box 211, Mont Vernon, NH 03057-0211. **Applications must be received prior to March 15, 2024.**

- 1 Name:.....
- 2 Address: .....
- Mailing Address:.....
- Phone: ..... E-mail:.....
- 3 Name of School Presently Attending: ..... **GPA**.....
- Address: ..... Year of Graduation .....
- 4 Post Secondary School of Planned Attendance:
- Name: .....
- Address: .....
- Degree Expected:..... Number of Years in Program: .....
- Have you been accepted?: ..... Yearly Tuition: \$..... Room & Board: \$.....
- 5 Father's Name: .....
- 6 Mother's Name: .....
- 7: Number of Children in Your Family: ..... Number Living at Home: .....
- 8 Funds Available for Education in the 2024-25 school year:
- From Own Savings: \$..... From Parents: \$.....
- Scholarships: \$..... Financial Aid from School: \$..... From other sources \$.....

FOR CONTINUING STUDENTS: What financial aid did you receive in the 2023-24 school year?

Total Grants \$ ..... Scholarships \$ ..... Students loans \$ ..... Work study \$ .....



9. Applicant's statement in support of this application (use of additional paper encouraged):

Horizontal lines for writing the applicant's statement.

10. I attest to the truth of the above statements. Signed: \_\_\_\_\_

PARENTS' STATEMENT: Married \_\_\_\_ Divorced \_\_\_\_ Widow/Widower \_\_\_\_ Other \_\_\_\_\_

11. 2023 Gross Annual Income: Mother \$..... Occupation .....

12. 2023 Gross Annual Income: Father \$..... Occupation .....

13. (Required) Parent's statement regarding any circumstances affecting financial support of applicant:

Horizontal lines for writing the parent's statement regarding financial support.

14. I attest that the applicant is a legal resident of Mont Vernon and that all statements made on this application by my dependent and us as parent(s) or guardian(s) are truthful:

.....  
Signature of Parent or Guardian Date

**REMINDER: LEAVE NO LINES BLANK**

**\*\*INCOMPLETE AND/OR LATE APPLICATIONS WILL BE REJECTED\*\***

For additional information, please contact Karen Mitchell: (603) 672-9648 or [KMitchell5@myfairpoint.net](mailto:KMitchell5@myfairpoint.net)