

ALICE M. YARNOLD AND SAMUEL YARNOLD SCHOLARSHIP TRUST

APPLICATION FOR 2022-2023 SCHOLASTIC YEAR

TRANSCRIPT *

Please ***include a certified*** copy of your most recent Technical School, College or University transcript. DO NOT SEND SEPARATELY!

REFERENCES*

Two recommendations must be included as part of your application. At least one recommendation must be from a professor or instructor at the technical school, college, or university where you are currently enrolled.

FINANCIAL AID INFORMATION *

You must complete the preliminary financial information request on page 2 of this application *or* submit a copy of your parents [if you are claimed as a dependent] and your own 2021 federal tax return [without schedules] **AND** a financial aid application form (FAFSA). The Student Aid Report (SAR) that you subsequently receive following submission of the FAFSA must be filed with your application no later than ***June 15, 2022*** for your application to be considered in the 2022-2023 award cycle.

SUBMIT COMPLETED APPLICATION, INCLUDING ALL DOCUMENTATION, BY 06/15/2022
DO NOT SEND ANY OF THE MATERIALS SEPARATELY

Submit to:
Alice M. Yarnold and Samuel Yarnold Scholarship Trust
c/o Stephen H. Roberts, Trustee
127 Parrott Ave.
Portsmouth, NH 03801

*** NOTE: APPLICATIONS WILL NOT BE CONSIDERED BY THE TRUSTEES UNLESS ALL DOCUMENTS INCLUDING APPLICATION, ESSAY, REFERENCES, PRELIMINARY FINANCIAL INFORMATION OR COPY OF 2021 FEDERAL TAX RETURN, TRANSCRIPTS AND THE STUDENT AID REPORT OF THE FAFSA IS RECEIVED BY JUNE 15, 2022.**

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Applicant Information:

(Ms.) (Mr.) _____
Circle One First Name Middle Initial Last Name

Street Address P.O. Address (if different)

City State Zip Code

() ()
Home phone Work phone

Birth Date ____/____/____ Birthplace: _____ Social Security No. ____-____-____

For the 2022-2023 scholastic year I will be: (circle and complete appropriate entries)

University/College/School: _____

Focus [circle]: MD/DO PA BSW/MSW LPN ADN/BSN MSN/NP PhD/DNP

Current year of study [circle]: 1 2 3 4 Full Time or Part Time [circle]

Expected Graduation Date: _____

Prior Education Information: (Complete all applicable)

Name and Location	Graduation Year
High School: _____	_____
Technical School: _____	_____
College/University: _____	_____
_____	_____
Other: _____	_____

Activities and Work Experience

Attach your resume listing employer(s) and all community and school activities in which you have participated. Include sports, student government, volunteer projects, etc.

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Essay

On separate paper, please respond to the following question, limiting your response to no more than 500 words:

As you enter or continue your studies, share the people and/or factors that have influenced your decision to pursue and/or continue in your health related field.

PRELIMINARY APPLICANT FINANCIAL INFORMATION

This section will provide preliminary information regarding your financial status and need. The information provided in this section will be verified by the FAFSA and Student Aid Report you receive following completion of the FAFSA. **Your application will not be considered if you fail to complete the FAFSA and submit, no later than June 15, 2022, the Student Aid Report generated by your completed FAFSA.** Other sources will be obtained, as needed, to verify financial need of all applicants.

<i>FINANCIAL DISCLOSURE INFORMATION</i>	<i>APPLICANT RESPONSE</i>
Number of family members living at home [include those currently attending college]	
Number of family members enrolled in college	
- full time [> 12 credits/term]	
- part time [< 12 credits/term]	
Parents income as reported on Form 1040, 1040A, or other appropriate form [2021 income]	
Applicant income as reported on Form 1040, 1040A, or other appropriate form [2021 income]	
Applicant current college loan debt [submit documentation of loan]	
- subsidized loans	
- unsubsidized loans	
Total projected college expenses for 2022-2023:	
- tuition and fees	
- room and board	
- books	

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 Trustees of the Alice M. Yarnold and Samuel Yarnold Scholarship Trust.

Student Signature

Date