

Eleanor Campbell Charitable Fund  
(Formerly the Deering Foundation)

Scholarship Application

Eleanor Campbell Charitable Fund Scholarships are awarded to students who: 1) will be attending post secondary school full time; 2) are residents of Deering, Hillsborough or Weare; and 3) who attend or were graduated from Hillsboro-Deering High School, John Stark High School or other accredited secondary schools OR are or were home schooled. Scholarships granted by the Eleanor Campbell Charitable Fund are based upon a student's academic achievement, financial need, citizenship, career choice and the quality of personal statement, school activities and recommendations.

**This application, including the documents on the checklist on page 5 of this application form, must be mailed in time to be received by the Eleanor Campbell Charitable Fund by April 15. Your name must appear on each page of your submission.**

1. Student's Name and Date of Birth \_\_\_\_\_  
Last First Middle Date of Birth
2. Legal Residential Address \_\_\_\_\_
3. Mailing Address (if different) \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
6. Applying as a: Senior in High School \_\_\_; Home Schooled Student \_\_\_; Current College Student \_\_\_
7. College you will attend in the fall: \_\_\_\_\_  
Address: \_\_\_\_\_
8. If not yet decided, list the top three colleges where you have applied, including location.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Expected area(s) of academic concentration/major: \_\_\_\_\_; undecided \_\_\_\_\_
10. The school you plan to attend is: Vocational/Technical School \_\_\_; 2year college \_\_\_; 4 year college \_\_\_.
11. You will be a freshman \_\_\_; sophomore \_\_\_; junior \_\_\_; senior \_\_\_.
12. You will live: on campus \_\_\_; off campus \_\_\_; at home \_\_\_.
13. Tuition costs for the year \$ \_\_\_\_\_ 13. Room and board costs for the year \$ \_\_\_\_\_.

14. Financial aid for the year awarded by college: \$ \_\_\_\_\_; from other sources, such as federal or local grants, awards or scholarships \$ \_\_\_\_\_.

Student's Name \_\_\_\_\_

15. Please attach a typewritten sheet(s) or your resume listing:

- a. activities, including extra-curricular, community service and leadership positions;
- b. work experiences over the last three (3) years.

16. On a separate typewritten sheet(s), reflect upon your personal accomplishments, goals, interests and career plans.

17. Are there any special family circumstances that you would like us to consider? (If so, you may answer below or submit a separate typewritten sheet.

\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL INFORMATION

You must complete the Student Information section. If you have filed a federal income tax form, you must attach a copy of the front page. If you are a dependent student, you must also have your parents complete the Parent Information section of this form using their most recent IRS Tax Return.

18. Student Information

- a. How much are you able to contribute towards your college expenses? \$ \_\_\_\_\_
- b. How much was your adjusted gross income last year? \$ \_\_\_\_\_
- c. What is your current student loan debt, if any? \$ \_\_\_\_\_

19. Parent Information

- a. Marital status: single \_\_\_; married \_\_\_; separated \_\_\_; divorced \_\_\_; widowed \_\_\_
- b. Is/are parent(s) disabled?
- c. Are there others who are obligated to contribute to your child's college costs? \_\_\_\_\_
- d. What is the total number of family members residing in your household? \_\_\_\_\_
- e. How many will be college students (excluding parents) next year? \_\_\_\_\_
- f. If you receive child support, AFDC, ADO, Social Security Income or other untaxed income and benefits, what is the total yearly amount of such income? \_\_\_\_\_

20. Applicant/Parent Certification

I certify that all of the information on this form is true and complete to the best of my knowledge.

\_\_\_\_\_

Applicant Signature and Date

Parent

Signature

and

Date

Student's Name \_\_\_\_\_

21. Release of Information Forms

**Complete both of the forms on this page.**

PERMISSION FOR RELEASE OF INFORMATION

I hereby give my permission to the respective high school or college that I attend to release to the Eleanor Campbell Charitable Fund, Inc., a copy of my transcript of grades, class rank, college board or other test scores, any financial aid commitments already offered me, and the results of the Financial Aid Need Analysis. I certify that, to the best of my knowledge, all information contained in this application is complete and accurate.

\_\_\_\_\_  
Witness Signature and Date

\_\_\_\_\_  
Applicant's Signature and Date

\_\_\_\_\_  
Witness Printed Name and Address

\_\_\_\_\_  
\_\_\_\_\_

PERMISSION FOR RELEASE OF INFORMATION

I hereby give my permission to the respective high school or college that I attend to release to the Eleanor Campbell Charitable Fund, Inc., a copy of my transcript of grades, class rank, college board or other test scores, any financial aid commitments already offered me, and the results of the Financial Aid Need Analysis. I certify that, to the best of my knowledge, all information contained in this application is complete and accurate.

\_\_\_\_\_  
Witness Signature and Date

\_\_\_\_\_  
Applicant's Signature and Date

\_\_\_\_\_  
Witness Printed Name and Address

\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_

22. Student Academic Information

Present this section to your school's guidance department (*or registrar's office in you are in college*) well ahead of the April 15 deadline.

---

**THIS SECTION IS TO BE COMPLETED BY A SCHOOL OFFICIAL**

Applicant's Name and Date of Birth: \_\_\_\_\_

Student Rank \_\_\_\_\_ in class of \_\_\_\_\_. Cumulative Weighted GPA \_\_\_\_\_ as of \_\_\_\_\_

SAT I Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Combined \_\_\_\_\_

ACT Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Combined \_\_\_\_\_

---

Signature

Title

Date

---

23. Transcript

An official copy of your high school or college transcript must accompany this application; without it the application will not be considered. You should request your transcript well ahead of the April 15 deadline.

24. References

A copy of your guidance counselor's letter of recommendation is requested. In addition, a letter from your current or recent employer may be submitted.

## Document Checklist

**Failure to include all items on this checklist with your completed application may result in the rejection of your application. Plan ahead in order to meet the April 15 deadline for receipt of your application.**

Use this checklist to ensure that you have attached to your application the following documents:

- 1) \_\_\_ your attachment to the application as required under Sections 14 and 15 (and 16, if applicable.)
- 2) \_\_\_ completed and signed Section 21, Student Academic Information
- 3) \_\_\_ an original **official transcript** obtained from your guidance department or registrar's office
- 4) \_\_\_ a copy of your FAFSA Student Aid Report (SAR)
- 5) \_\_\_ copy of the first page of your most recent IRS Form 1040, if you have filed
- 6) \_\_\_ copy of the first page and Schedules A and B of your parent(s)' most recent IRS Form 1040
- 7) \_\_\_ copy of your financial aid award letter from your college, if available
- 8) \_\_\_ letter(s) of reference

NOTE: You may place items 4, 5 and 6 in a separate sealed envelope marked "Eleanor Campbell Charitable Fund Scholarship Committee" and attach it to the application, if you wish.

## Submission

Once you have assembled all your documents, paperclip them to your completed application form and mail the packet to:

Eleanor Campbell Charitable Fund  
c/o Scholarship Committee  
PO Box 1653  
Hillsborough, NH 03244

**Your application must be received by April 15.**

Your questions concerning the application form may be addressed to:

Hillsborough / Deering: Alex Lutjarv at [pavlov999206@hotmail.com](mailto:pavlov999206@hotmail.com) or by phone at (603) 899-6278  
Weare: Chris Hague at [Wooden\\_Tent@yahoo.com](mailto:Wooden_Tent@yahoo.com) or by phone at (603) 529-2064