

# HOPKINTON HIGH SCHOOL LOCAL SCHOLARSHIP APPLICATION

*CONFIDENTIAL INFORMATION/Hopkinton Rotary, Lions & Women's Club will have their own Scholarship Application*

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_ HHS Yr. of Grad.: \_\_\_\_\_

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

Father's Exact Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Exact Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Is either parent disabled? \_\_\_\_\_ If so, is either compensated? \_\_\_\_\_

List your employment during high school (or college) years:

<u>Employer:</u>	<u>Job Held:</u>	<u>Dates:</u>	<u>Income:</u>

Number of children in family: \_\_\_\_\_ Ages: \_\_\_\_\_

Are any employed and contributing to family support? \_\_\_\_\_ How Many? \_\_\_\_\_

Number of children in college, **excluding** you: \_\_\_\_\_ List college(s) \_\_\_\_\_

College/University you attend or plan to attend: \_\_\_\_\_

Expenses for one (1) year:

Tuition	_____	2 or 4 year program	_____
Room and Board	_____	Expected Year of College Graduation	_____
Books	_____	Intended Major	_____
Other	_____		

**Total Cost:** \$ \_\_\_\_\_

Expected income to meet above expenses:

Amount saved by you	_____
Amount you plan to earn this summer	_____
Amount you plan to earn at college	_____
Amount your family will contribute	_____
Amount from loans (specify, if known)	_____
Amount of aid already awarded from other sources (specify)	_____

Total Income for College Expenses: \$ \_\_\_\_\_

Amount of Aid needed \$ \_\_\_\_\_

## ***HOPKINTON LIONS CLUB***

Mission Statement of the Hopkinton Lions Club includes assistance to community members in need who are deaf, afflicted with diabetes, facing the prospective of loss of sight or those already blind.

**2009**

### **College Scholarship Program**

**Total Scholarship:** One \$2,500 scholarship will be awarded at \$1,250.00 per semester.

**Qualifications** Applicant must be a resident of the Town of Hopkinton who has been accepted into or presently enrolled in a two or four-year college program.

Children of Lions Club members may apply. Parent member may not serve on Scholarship Selection Committee

**Requirements** Completion of the Scholarship Application and submission of the following items:

1. Two adult recommendations – one from a teacher or guidance professional and one from the community at large.
2. Most recent copy of applicant's high school transcript showing a minimum GPA of 3.0
3. In conjunction with the Lions Club Mission Statement above:
  - Research the effects of potential blindness from diabetes through the American Diabetes Association, Louis Braille and his contribution to the blind and "Fidelco" Seeing Eye Dogs
  - Think about how you would feel, if suddenly you began to lose your sight and were told in a few years you would be blind.
  - Using what you have learned from your research, tell us in 300-500 words how you feel these available resources would be helpful to you.

**Criteria** The Hopkinton Lions club Scholarship Committee will review the applications, essays and recommendations and make its selection based on the applicant who best exemplifies scholarship, financial need, community service and the potential to succeed.

**Deadline** Scholarship applications must be submitted by **April 18th, 2009**

**Award Date** At recipient's high school May 21st Awards Ceremony

**Submit Application to:**

Hopkinton Lions Club  
Scholarship Selection Committee  
Peter Clarner  
168 Woodland Drive  
Contoocook, NH 03229

Fidelco Seeing Eye Dog Foundation Assn.    NH Association for the Blind    American Diabetes