



PO Box 124, Laconia, NH 03247-0124

[www.altrusalaconia.org](http://www.altrusalaconia.org)

## SCHOLARSHIP APPLICATION

**Please type or print clearly**

**PURPOSE:** A scholarship for adult women returning to college in the Lakes Region area who are continuing their education in a degree program. Candidates must be enrolled for a minimum of three college credits at an accredited facility. Permanent residence must be in: **Laconia, Gilford, Gilmanton, Belmont, Sanbornton, or Alton.**

**CRITERIA:** (please check scholarship type applying for)

- **Dr. Alice Normandin Scholarship** – for a woman returning to school (adult learner) pursuing a career in the *health* field that has financial need, shows leadership ability through involvement in school and community activities, and attains high academic achievement.
- **Katherine Daigneault Scholarship** - for a woman returning to school (adult learner) pursuing a career in the *business* field that has financial need, shows leadership ability through involvement in school and community activities, and attains high academic achievement.
- **Rose Emery Scholarship** - for a woman returning to school (adult learner) pursuing a career in the *education* field that has financial need, shows leadership ability through involvement in school and community activities, and attains high academic achievement.

# SCHOLARSHIP APPLICATION

Please type or print clearly

1. Name \_\_\_\_\_  
Address (street) \_\_\_\_\_  
Address (mailing) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

2. High School/GED graduated from \_\_\_\_\_ Year \_\_\_\_\_  
Address \_\_\_\_\_

3. Name of College \_\_\_\_\_  
Address \_\_\_\_\_  
Major \_\_\_\_\_  
Type of Degree: Associates \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_  
Projected Date of Degree Completion \_\_\_\_\_

4. Estimate of education expenses per year:

1. Tuition	\$ _____
2. Fees, books, etc.	\$ _____
3. Room & Board	\$ _____
4. Transportation	\$ _____
5. Child care expenses	\$ _____
6. Other expenses	\$ _____
TOTAL	\$ _____

5. How do you plan to meet these education expenses? Please estimate per year what you expect to receive from:

1. Your own earnings/savings	\$ _____
2. Scholarships and/or grants	\$ _____
3. Financial Aid	\$ _____
4. Government/bank loans	\$ _____
5. Other sources (please specify)	\$ _____
TOTAL	\$ _____

6. List memberships and participation in school and community organizations/activities, including number of years in each, honors, awards or other achievements.

---

---

---

7. Please describe any unusual circumstances you feel may warrant attention for financial consideration – please attach a separate sheet if needed.

---

---

---

---

---

---

---

---

---

---

8. Please attach two (2) **current** letters of recommendation from an employer, teacher, counselor, etc.

9. Please attach an unofficial college transcript.

10. Please attach a **typed** essay describing:

- a. Your future goals (short-term and long-term)
- b. The reason you are applying for this scholarship
- c. Your involvement in school and/or community activities
- d. Your financial need

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT APPLICATION TO:**

Altrusa International of Laconia  
PO Box 124  
Laconia NH 03247-0124

Or via email to: altrusalaconia@gmail.com

Funds will be granted directly to the school/college. The scholarship will be payable for the first semester.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ALL MATERIAL MUST BE TYPED OR CLEARLY PRINTED.**

**DEADLINE FOR APPLICATION RECEIPT IS MAY 15**