# Brown’s Academy Trustees 
## Scholarship Application

### Today’s Date

#### Personal Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Tel. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td></td>
</tr>
<tr>
<td>Mail Address:</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
<tr>
<td>Father:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>Mother:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>Applicant Spouse:</td>
<td>Occupation:</td>
</tr>
<tr>
<td>(if applicable)</td>
<td></td>
</tr>
<tr>
<td>Brothers/sisters and ages:</td>
<td></td>
</tr>
<tr>
<td>Brothers/sisters who will be attending college next year (Include name of college and class status):</td>
<td></td>
</tr>
</tbody>
</table>

#### Academic Record:

Courses currently enrolled in: 

---

**Attach transcript for all previous college work.**

#### College Information:

College currently attending: 

College I will attend next academic year: 

<table>
<thead>
<tr>
<th>Full-Time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------</td>
<td>-----------</td>
</tr>
</tbody>
</table>

Class status for next academic year: FR SO JR SR  

Certificate: Associate Bachelor  

Major: 

Living on Campus? Commuting?

#### Financial Information:

Total cost of college next year: $  

Financial Aid offered by college/other sources: $
Total need for next year
*College costs of other family members next yr: $ $

Additional Information:
Describe your career goals and plans for accomplishing them.

In what activities have you participated while attending high school or college and in the community?

Describe your experience in any community volunteer work.

List your work history including summer and other employment.
Use the space below to describe anything else you would like to make known to the Trustees. Expand on any areas marked with an (*) asterisk. If you have a special financial situation, which has not been clarified elsewhere in this application, be sure to describe it here:

Your signature below will indicate that the information you have supplied to the Trustees is true and accurate to the best of your knowledge. In turn, the Trustees will maintain confidentiality with this information and will destroy this application form after their decisions have been made.

Applicant: ___________________________________________ Date: ___/___/____

Send all completed applications to: Brown's Academy Scholarship Fund
P.O. Box 71
East Kingston, NH 03827

To be considered, please submit:
1. A fully completed application, and
2. A copy of your academic transcript

NO LATER THAN MAY 1st