

Town of New Durham,
NH Trustees of Trust
Funds PO Box 207
603-859-2091
“Elmer C. Smith Scholarship”

PLEASE NOTE: The criteria for this scholarship are that you must be a resident of New Durham and under the age of 21. If you have been awarded a scholarship the funds will be administered after we receive confirmation that you have passed your first semester.

Student Name: _____
Last First M.I.

Mailing Address: _____

Physical Address: _____

EMAIL Address: _____

Birth Date: _____/_____/_____

High School Graduation Date: _____/_____/_____

I am a high school senior undergraduate student other

Education completed: HS Diploma College/1 yr College/ 2yrs

College for which aid is requested: _____

First year cost: _____

School is college/university vocational other

I will be enrolled: half time or more full-time

Major Field of Study:

Work Experience:

Please write a brief paragraph stating your reasons for attending college and why you feel you should be a recipient of this scholarship. Use reverse side of this form.

Please check if you have received previous funds from this scholarship.

APPLICATION MUST BE POSTMARKED NO LATER THAN APRIL 1ST TO BE CONSIDERED