

# NASHUA B.P.O. ELKS LODGE No. 720

## 2022 Nashua Elks Scholarship Trust- N-E-S-T

Based on Scholarship, Leadership, and Financial Need

**IMPORTANT:** *Before preparing this application, it is recommended that the procedures outlined on page four be carefully studied and then completely executed. Application must be filed with the Nashua Elks Lodge no later than June 1, 2022 While filling out application please understand wherever Mother or Father is used this also means stepparents as well.*

Name: \_\_\_\_\_ Last 4 Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ Phone: ( ) -

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_Male\_\_\_Female

Are you currently an American Citizen? \_\_Yes\_\_No

If you were not born an American Citizen, but are a Naturalized American Citizen, give date, place (Office or Court) & Naturalization Number.

Date: \_\_\_\_\_ Place \_\_\_\_\_ Number \_\_\_\_\_  
Court or Office and City &State

If you were not born in the United States, but are a citizen by birth, explain circumstances. \_

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or state income tax form. If you purposely give false or misleading information, you will be disqualified from this contest. You agree to the use of your name, and any information contained within the application **except** for the parental financial analysis and financial statement, for advertising, promotional and publicity purposes without consent or compensation.

Date: \_\_\_\_\_ Signed by (Student)

Date: \_\_\_\_\_ Signed by (Mother/Stepmother)

Date: \_\_\_\_\_ Signed by (Father/Stepfather)

Relative who is a member of the Nashua Lodge 720 \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ (Sign) \_\_\_\_\_

Sponsoring Nashua Elks Lodge Member (print) \_\_\_\_\_

(Sign) \_\_\_\_\_

**Schools attended (9th through 12th grades)**

Name of School \_\_\_\_\_ Dates Attended \_\_\_/\_\_\_/\_\_\_

Does school offer honor courses? \_\_ Yes \_\_ No

Did you participate? \_\_ Yes \_\_ No

Does school offer A.P. courses? \_\_ Yes \_\_ No

Did you participate? \_\_ Yes \_\_ No

Name of School \_\_\_\_\_ Dates Attended \_\_\_/\_\_\_/\_\_\_

Does school offer honor courses? \_\_ Yes \_\_ No

Did you participate? \_\_ Yes \_\_ No

Does school offer A.P. courses? \_\_ Yes \_\_ No

Did you participate? \_\_ Yes \_\_ No

Graduation Date: \_\_\_\_\_

Valedictorian \_\_ Yes \_\_ No

List best ACT composite score: \_\_\_\_\_

Combined SAT score: \_\_\_\_\_

**Your College Plans**

State your plans for enrollment in an accredited American college or university. Include your planned major. \_\_\_\_\_

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

Have you been granted scholarship aid? \_\_ Yes \_\_ No

If yes, give details:

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

Do you intend to apply for financial aid at the college you plan to attend? \_\_ Yes \_\_ No

If yes, give details:

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

**Employment and Community Service**

List jobs you have held from January 1, 2020, through Present. Include baby-sitting and work on a family farm or for a family business, even if not paid. Please list total hours worked, not average hours per week. You will receive 0 points in this section if you do not list your hours as instructed.

| Total Hours                       | Dates of | Kind of Work | Name of Employer |
|-----------------------------------|----------|--------------|------------------|
|                                   |          |              |                  |
|                                   |          |              |                  |
|                                   |          |              |                  |
|                                   |          |              |                  |
|                                   |          |              |                  |
|                                   |          |              |                  |
| (Grand Total Hours of Employment) |          |              |                  |

List volunteer work or community service you performed without pay from January 1, 2021, through January 1, 2022.

| Total Hours | Dates of Participation         | Kind of Work | Name of Agency / Organization |
|-------------|--------------------------------|--------------|-------------------------------|
|             |                                |              |                               |
|             |                                |              |                               |
|             |                                |              |                               |
|             |                                |              |                               |
|             |                                |              |                               |
|             |                                |              |                               |
|             |                                |              |                               |
|             | (Grand Total Hours of Service) |              |                               |

**Honors and Awards**

Include scholastic, extracurricular and civic honors and awards during grades 9 through 12. State nature of award and grade won: i.e. Girl Scout Gold Award, 12. Please do not abbreviate names of awards.

|     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 19. |
| 10. | 20. |

**Positions of Leadership**

State name of organization position and grade(s) position was held from grade 9 through 12 starting with most recent: i.e. Key Club President

|     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 19. |
| 10. | 20. |

**Activities and Organizations you participated in for three or more years**

Include all scholastic, extracurricular and civic organizations that you participated in for at least three years during grades 9 to 12, even those listed in Positions of Leadership section. State name of organization and the grades you were involved, starting with most recent: i.e. Boy Scouts, 9, 10, 11

|     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 19. |
| 10. | 20. |

**Activities and Organizations you participated in for two years**

Include all scholastic, extracurricular and civic organizations that you participated in for two years during grades 9 to 12, even those listed in Positions of Leadership section. State name of organization and the grades you were involved, starting with most recent: i.e. 4-H, 11,12.

|    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

**Activities and Organizations you participated in for one year**

Include all scholastic, extracurricular and civic organizations that you participated in for one year during grades 9 to 12, even those listed in Positions of Leadership section. State name of organization and the grade you were involved, starting with most recent: i.e. Badminton Team, 9.

|    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

**Parental Financial Analysis**

(If you have not filed your tax return, you must estimate your income for 2021.)

Father / Stepfather's Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother/ Stepmother's Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Custodial Parent's marital status as of today (choose one):

Mother: Married\_\_\_ Single\_\_\_ Widowed\_\_\_ Divorced\_\_\_ Remarried\_\_\_ Separated\_\_\_

Father: Married\_\_\_ Single\_\_\_ Widowed\_\_\_ Divorced\_\_\_ Remarried\_\_\_ Separated\_\_\_

A. Father/Stepfathers 2021 Annual income (A) \_\_\_\_\_

B. Mother/Stepmothers 2021 Annual Income (B) \_\_\_\_\_

C. Total Income add (A+B) (C) \_\_\_\_\_

D. Number of Dependent Children in House hold also list Names and Ages

|  |  |
|--|--|
|  |  |
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E. Number of Dependent Children Attending college excluding Applicant Please include Name and ages.

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|  |  |

Please sign below and feel free to disclose any other information you feel will help with this application.

Student (Applicant) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Father (member) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Mother (member) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_