

*Announcing  
the*

**Alice M. Yarnold and Samuel Yarnold  
Scholarship Trust**

\$1,000 - \$5,000 per year is now available in  
scholarships for students interested in nursing,  
medicine or social work

Requirements:

- ◆ Applicants must be New Hampshire residents who are already in the process of post-secondary education, with the intention of working in New Hampshire.
- ◆ Individuals must demonstrate financial need and scholastic excellence.
- ◆ Applications must be submitted by **May 20, 2019**.

Write to:

Alice M. Yarnold and Samuel Yarnold Scholarship Trust  
127 Parrott Avenue  
Portsmouth, NH 03801

*Scholarships will be awarded on or about Fall, 2019*

## ALICE M. YARNOLD AND SAMUEL YARNOLD SCHOLARSHIP TRUST

### Information

College students and other individuals who are residents of the State of New Hampshire and who are **already** in the process of post-secondary education, may be eligible to apply to the Alice M. Yarnold and Samuel Yarnold Scholarship Trust. The scholarships to be awarded are anticipated to range from \$1,000.00 to \$5,000.00 annually, over a one-to-four year period.

The will of Samuel Yarnold sets forth various criteria to be used in the award of scholarships including:

- a. Individuals pursuing post-secondary school education in the fields of nursing, medicine, or social work, but due to financial circumstances may be unable or restricted from pursuing such education.
- b. Applicants must be New Hampshire residents, with the intention of working in New Hampshire.

To be eligible for this scholarship award the individual must:

1. Complete and submit the attached application to the Trustees of the Scholarship Trust.
2. Complete the Free Application for Federal Student Aid and submit the form to the Federal Student Aid Programs. Within four weeks, you will receive a Student Aid Report in the mail. Please submit a copy of the Student Aid Report (which states the expected family contribution) to the Trustees.
3. Have your technical school or college submit a **certified** copy of your latest school or college transcript. Your application will not be considered unless the **certified** transcript is received by May 20, 2019.
4. Submit two Letters of Recommendation, at least one of which is from a professor or instructor at your current school or college.

The deadline for the completed application is May 20, 2019. Applications postmarked after May 20, 2019 will not be considered. You must send the application materials to Alice M. Yarnold and Samuel Yarnold Scholarship Trust, c/o Stephen H. Roberts, Trustee, 127 Parrott Avenue, Portsmouth, New Hampshire 03801. Scholarship awards will be determined by the trustees and announced in the fall.

**ALICE M. YARNOLD AND SAMUEL YARNOLD SCHOLARSHIP TRUST**

**APPLICATION FOR 2019-2020 SCHOLASTIC YEAR**

**Applicant Information:**

(Ms) (Mr.)

Circle One

\_\_\_\_\_

First Name

Middle Initial

Last Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

P.O. Address (if different)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

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

Home phone

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

Work phone

Birth Date

\_\_\_ / \_\_\_ / \_\_\_

Birthplace: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

For the 2019-2020 scholastic year I will be: (circle and complete appropriate entries)

In year (1) (2) (3) (4) (please circle one)

of a \_\_\_ - year undergraduate program

of a \_\_\_ - year post-secondary technical/community/junior college program

of a \_\_\_ - year graduate program (master's, doctorate, medical, dental)

at \_\_\_\_\_

Name and Address of School/College/University you will be attending

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

Prior Education Information: (Complete all applicable)

Name and Location

Graduation Year

High School: \_\_\_\_\_

Technical School: \_\_\_\_\_

College/University: \_\_\_\_\_

Other: \_\_\_\_\_

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I will be enrolled: full time  halftime or more (6+ credits)  less than halftime

I will live: on campus  off campus

Proposed Field of Study for which scholarship is sought: Medicine  Nursing  Social Work

Activities and Work Experience

List all community and school activities in which you have participated. Include sports, student government, volunteer projects, etc., using an additional sheet if necessary. *You may attach your resume in lieu of completing this section.*

Activity	How Long?	Special Honors
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____

Employer	How Long?	Position Held
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____

Essay

On separate paper, please respond to the following question, limiting your response to no more than 500 words:

Choose one risk factor that contributes to chronic poor health and describe a strategy to help a patient with this problem avoid illness. Examples of some risk factors include: poor diet, no or underinsurance, sedentary life style, high blood pressure, obesity, genetic predisposition - you may consider other risk factors as well.

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TRANSCRIPT \*

Please *include a certified* copy of your most recent Technical School, College or University transcript. DO NOT SEND SEPARATELY!

REFERENCES\*

Two references must be included as part of your application. At least one reference must be from a professor or instructor at the technical school, college, or university where you are currently enrolled.

FINANCIAL AID INFORMATION \*

You must complete the preliminary financial information request on the reverse side of this page *or* submit a copy of your parents [if you are claimed as a dependent] and your own 2018 federal tax return [without schedules] AND a financial aid application form (FAFSA). The Student Aid Report (SAR) that you subsequently receive following submission of the FAFSA must be filed with your application no later than *May 20, 2019* for your application to be considered in the 2019-2020 award cycle.

CERTIFICATION

I certify that the information on this form is true and complete to the best of my knowledge. I understand that the financial information will be considered confidential, for review by the Trustees of the Alice M. Yarnold and Samuel Yarnold Scholarship Trust.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

SUBMIT COMPLETED APPLICATION, INCLUDING ALL DOCUMENTATION, BY 05 / 20 / 2019  
DO NOT SEND ANY OF THE MATERIALS SEPARATELY

Submit to:  
Alice M. Yarnold and Samuel Yarnold Scholarship Trust  
c/o Stephen H. Roberts, Trustee  
127 Parrott Ave.  
Portsmouth, NH 03801

**\* NOTE: APPLICATIONS WILL NOT BE CONSIDERED BY THE TRUSTEES UNLESS ALL DOCUMENTS INCLUDING APPLICATION, ESSAY, REFERENCES, PRELIMINARY FINANCIAL INFORMATION OR COPY OF 2018 FEDERAL TAX RETURN, TRANSCRIPTS AND THE STUDENT AID REPORT OF THE FAFSA IS RECEIVED BY MAY 20, 2019.**

**PRELIMINARY APPLICANT FINANCIAL INFORMATION**

This section will provide preliminary information regarding your financial status and need. The information provided in this section will be verified by the FAFSA and Student Aid Report you receive following completion of the FAFSA. Your application will not be considered if you fail to complete the FAFSA and submit, no later than May 20, 2019, the Student Aid Report generated by your completed FAFSA. Other sources will be obtained, as needed, to verify financial need of all applicants.

<i>FINANCIAL DISCLOSURE INFORMATION</i>	<i>APPLICANT RESPONSE</i>
Number of family members living at home [include those currently attending college]	
Number of family members enrolled in college	
- full time [> 12 credits/term]	
- part time [< 12 credits/term]	
Parents income as reported on Form 1040, 1040A, or other appropriate form [2016 income]	
Applicant income as reported on Form 1040, 1040A, or other appropriate form [2017 income]	
Applicant current college loan debt [submit documentation of loan]	
- subsidized loans	
- unsubsidized loans	
Total projected college expenses for 2019-2020:	
- tuition and fees	
- room and board	
- books	

I verify that the preliminary financial information provided above is current and accurate and will be verified by the information provided in my FAFSA report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date