

ALICE M. YARNOLD AND SAMUEL YARNOLD SCHOLARSHIP TRUST

127 Parrott Avenue
PORTSMOUTH, NEW HAMPSHIRE 03801

TRUSTEES:

WILLIAM S. DANFORD, M.D.
KATHRYN LYNCH, D.N.Sc., R.N.
STEPHEN H. ROBERTS

February 1, 2024

Financial Aid Office

Re: Alice M. Yarnold and Samuel
Yarnold Scholarship Trust

Dear Sir/Madam:

The Alice M. Yarnold and Samuel Yarnold Scholarship Trust was established for the purpose of providing funds for those New Hampshire residents with an interest and desire to pursue post-secondary school education in the fields of nursing, medicine, or social work, but who because of financial circumstances would be otherwise unable or restricted to do so. The first priority of the scholarship Trust is the aforementioned fields of study and financial need. Potential applicants may demonstrate this financial need based on an appropriate application to be filed with the Trustees.

The Yarnold scholarship program is also available to New Hampshire residents who are attending out-of-state schools.

I am enclosing a copy of the 2024 Information Sheet which may be reproduced and posted in appropriate places and distributed to the appropriate departments and applicants, along with a copy of the Application to be completed and returned to the Trustees by June 14, 2024. If you need additional copies of the Application, please feel free to make copies.

Thank you for your cooperation and we look forward to receiving the completed Applications.

Yours truly,

Stephen H. Roberts

Stephen H. Roberts, Trustee

SHR/lhr
Enclosure

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 and has completed one year of post-secondary education, may be eligible to apply to the Alice M. Yarnold and Samuel Yarnold Scholarship Trust. Applications will **not** be accepted from graduating high school seniors. 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. You will receive a Student Aid Report. 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 June 14, 2024.

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 June 14, 2024. Applications postmarked after June 14, 2024 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 2024-2025 SCHOLASTIC YEAR

TRANSCRIPT *

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

REFERENCES*

Two recommendations must be included as part of your application. At least one recommendation 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 page 2 of this application *or* submit a copy of your parents [if you are claimed as a dependent] and your own 2023 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 ***June 14, 2024*** for your application to be considered in the 2024-2025 award cycle.

**SUBMIT COMPLETED APPLICATION, INCLUDING ALL DOCUMENTATION, BY 06/14/2024
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 2023 FEDERAL TAX RETURN, TRANSCRIPTS AND THE STUDENT AID REPORT OF THE FAFSA IS RECEIVED BY JUNE 14, 2024.**

ALICE M. YARNOLD AND SAMUEL YARNOLD SCHOLARSHIP TRUST

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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 2024-2025 scholastic year I will be: (circle and complete appropriate entries)

University/College/School: _____

Focus [circle]: MD DO PA BSW MSW LPN ADN BSN MSN NP PhD DNP

Current year of study [circle]: 1 2 3 4 Full Time or Part Time [circle]

Expected Graduation Date: _____

Prior Education Information: (Complete all applicable)

	Name and Location	Graduation Year
High School:	_____	_____
Technical School:	_____	_____
College/University:	_____	_____
	_____	_____
Other:	_____	_____

Activities and Work Experience

Attach your resume listing employer(s) and all community and school activities in which you have participated. Include sports, student government, volunteer projects, etc.

ALICE M. YARNOLD AND SAMUEL YARNOLD SCHOLARSHIP TRUST

Essay

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

Discuss an important issue facing a health care provider in your chosen field of study and offer one or two suggestions to address this issue.

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 June 14, 2024, 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 [2023 income]	
Applicant income as reported on Form 1040, 1040A, or other appropriate form [2023 income]	
Applicant current college loan debt [submit documentation of loan]	
- subsidized loans	
- unsubsidized loans	
Total projected college expenses for 2024-2025:	
- tuition and fees	
- room and board	
- books	

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