

WILLIAM ROBINSON TRUST FUND

SCHOLARSHIP HISTORY

William Robinson died in 1864 and bequeathed the residue of his estate to the Town of Exeter to be used for “the support of suitable and proper teachers for the only and sole instruction of females”. Today those funds still benefit Exeter area youth. A court decree issued by the Rockingham County Probate Court dated June 24, 1997, states, *“The William Robinson Fund was established to provide opportunities that will enrich and enhance the educational experience of post elementary school aged individuals in the greater Exeter area served by the Exeter Region Cooperative School District”*.

As one of our goals of meeting our responsibilities, the Trustees have established the William Robinson Trust Fund Scholarship. Applicants must plan to enroll as a full-time student, as defined by the school of their choice, in an accredited degree or certification program.

Awards are based on an evaluation of the applicant’s financial resources, motivation and academic merit. Preference is given to those with the least financial resources.

Scholarship funds are available for eight semesters to Scholarship recipients in good academic standing who have a continued financial need. Applicants will need to provide a copy of their grades, and will be required to submit an abbreviated application each spring for the next academic year.

WILLIAM ROBINSON TRUST FUND
SCHOLARSHIP APPLICATION CHECKLIST

TO THE APPLICANT: Please use this checklist to ensure you have provided all the materials requested by the William Robinson Trust Fund trustees.

You must provide the following:

- _____ 1. William Robinson Trust Fund (EHS Local Scholarship Application forms) **OR** William Robinson Trust Fund Scholarship Application for non-EHS seniors.
- _____ 2. FINANCIAL INFORMATION SHEET (Included in Scholarship Application)
- _____ 3. William Robinson Trust Fund ADDENDUM
- _____ 4. Parent(s) most current FEDERAL TAX RETURNS (Black out Social Security numbers)
(Tax information for both parents is needed if they are not living together)
- _____ 5. Applicant's most current FEDERAL TAX RETURNS (If filed)
(Black out Social Security number)
- _____ 6. College or school's FINANCIAL AID PACKAGE STATEMENT
- _____ 7. Official SCHOOL TRANSCRIPT from Guidance Department
- _____ 8. At least ONE LETTER OF RECOMMENDATION
- _____ 9. **COMPLETED** Application must be delivered to **one** of the below ***no later than one business day after the Federal Income Tax filing deadline in April.***
 - _____ Exeter High School Counseling Office
 - _____ William Robinson Trust Fund mailing address:
William Robinson Trust Fund, P.O. Box 1074, Newfields, NH 03856

Applicant's Cell Phone Number: _____ - _____ - _____

Applicant's Home Number: _____ - _____ - _____

Applicant's e-mail Address: _____

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE EVALUATED

**WILLIAM ROBINSON TRUST FUND
SCHOLARSHIP APPLICATION**

(COMPLETED APPLICATIONS ARE DUE ONE BUSINESS DAY AFTER FEDERAL INCOME TAX FILING DEADLINE IN APRIL)

1. BIOGRAPHICAL QUESTIONNAIRE

Legal name in full

Last:	First:	Middle Initial:
-------	--------	-----------------

Permanent Residence

Number and Street:	City/Town:	Zip Code:
--------------------	------------	-----------

Parent/Family Information

Father's or Guardian's Name:		Mother's or Guardian's Name:	
Occupation:		Occupation:	
Employer:		Employer:	
Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed			
Siblings: Brothers# ___ Ages: _____ Sisters# ___ Ages: _____			

Is the Student or relative affiliated with any Scholarship Sponsors? ___ No ___ Yes

If YES, please explain. _____

List only one school for which aid is requested. DO NOT LEAVE BLANK.

You may update via email: williamrobinsontrustfund@gmail.com

The college you list below is where the scholarship check will be sent, so be sure to update if the information changes.

College Attending in September:		Major Field of Study:	
___ 2-year Program	___ 4-Year Program	___ 1-Year Postgraduate	___ Certificate Program
I will live: ___ On Campus ___ Off Campus ___ At Home			

2. YOUR GOALS/Describe your career goal(s): _____

3. YOUR PROFESSIONAL ASPIRATIONS: What issues, needs or problems do you hope to address?
 i.e., education, environmental, public policy, health care. _____

4. **SCHOOL INVOLVEMENT:** Describe all school extra-curricular activities such as sports, band, peer outreach , academic clubs, service positions, etc. in which you have participated.

Grade 12	Grade 11	Grade 10	Grade 9

5. **COMMUNITY SERVICE/VOLUNTEER ACTIVITIES:** Describe in detail any and all community service and/or volunteer activities in which you have participated.

Grade 12	Grade 11	Grade 10	Grade 9

6. **AWARDS, HONORS OR SCHOLARSHIPS:** List any awards, honors or scholarships that you have received in the past four years. Please list them in descending order of significance.

YEAR	AWARD, HONOR or SCHOLARSHIP

7. **WORK EXPERIENCE:** Position(s) held, including dates, position and hours.

Date(s)	Employer	Position	Approximate hours per week

FINANCIAL INFORMATION SHEET

MUST BE UPDATED WITH GUIDANCE THROUGH (DATE): _____

NOTE: Items left blank will lessen your eligibility for the many need-based local scholarship awards.

1. The total cost of college (listed on page 1) for which aid is requested. \$ _____ (1)

2. FAFSA determination of what my family can afford to pay. Attach Student Aid Report (SAR) summary sheet, with Expected Family Contribution (EFC).

Check one: _____ Did not file _____ Filed/Date Sent: _____ EFC \$ _____ (2)

3. Financial Aid offered by College:

Grants \$ _____
Student Loans \$ _____
Work Study \$ _____

TOTAL AID OFFERED BY COLLEGE: \$ _____ (3)

4. My Assets (Students)

My Savings \$ _____
Estimated Summer Earnings \$ _____

TOTAL STUDENT ASSETS \$ _____ (4)

5. Other Sources (Please itemize)

TOTAL OTHER SOURCES \$ _____ (5)

6. How much will each pay toward the cost of your college next year?

Parent(s) (line 2) \$ _____
Financial Aid (line 3) \$ _____
Student (line 4) \$ _____
Other (line 5) \$ _____

TOTAL CONTRIBUTIONS (ADD 2, 3, 4, 5) \$ _____ (6)

7. Total need for next year (1 minus 6) TOTAL NEED \$ _____ (7)

8. College costs for other family members OTHER COLLEGE COSTS \$ _____ (8)

PLEASE INCLUDE THE LAST TAX RETURN FILED BY PARENTS or Guardians. (BLACK OUT ALL SOCIAL SECURITY NUMBERS.)

REQUIRED SIGNATURES

I verify the accuracy of the information contained in this application and authorize its release along with a transcript of grades to the appropriate scholarship committee.

STUDENT SIGNATURE: _____ DATE: _____

PARENT or Guardian's SIGNATURE _____ DATE: _____

APPLICATIONS SUBMITTED WITHOUT BOTH SIGNATURES WILL NOT BE CONSIDERED.

Please submit applications to: William Robinson Trust Fund, P.O. Box 1074, Newfields, NH 03856.

OR deliver to the Exeter High School Counseling Office

Questions regarding the William Robinson Trust Fund application can be sent to: williamrobinsontrustfund@gmail.com

**WILLIAM ROBINSON TRUST FUND
ADDENDUM**

APPLICANT'S CONTACT INFORMATION

Home Phone: _____ Cell Phone: _____ email: _____

Address where you currently reside: _____

Do you currently live: Alone ___ With Parents ___ With one Parent ___ Other ___

Contact information of parent or guardian with whom you reside:

Home Phone _____ Cell Phone _____ email _____

Has any member of your family attended the Robinson Female Seminary? _____

Name if known: _____

Have you applied for other scholarships? _____

If no, please explain: _____

How many of your siblings will be attending college at the same time you are? _____

Total number of other family members attending college at least half-time during the next four academic years: _____

At least one letter of recommendation is mandatory. Please provide a copy of the attached form to an individual, other than your guidance counselor, who knows you well. (For example, a teacher, coach, employer, religious or community leader.)

Please provide the most current Federal Income Tax Returns filed by student and parents.

(Note: Please black out the social security numbers on these forms.)

Completed applications are due one business day after Federal Income Tax filing deadline.

EHS Students: Please place all materials in an envelope and deliver to:

Exeter High School Counseling Office

NON EHS Students: Please place all materials in an envelope and mail to:

William Robinson Trust Fund, P.O. Box 1074, Newfields, NH 03856

Questions regarding the William Robinson Trust Fund application can be sent to:

williamrobinsontrustfund@gmail.com

WILLIAM ROBINSON TRUST FUND SCHOLARSHIP APPLICATION

APPLICANT RECOMMENDATION

Applicant's Name: _____

TO THE APPLICANT:

Please send a copy of this form to an individual who knows you well, such as a teacher, coach, employer, religious or community leader. *At least one letter of recommendation is mandatory for this application.*

TO THE APPRAISER:

The Trustees of the Robinson Trust Fund Scholarship Committee are interested in your assessment of this applicant. How long and in what capacity you have known the applicant, and how you would characterize the applicant's commitment to accomplishing goals. Is the applicant motivated? Has this student made a difference in their community? (School, faith community, family, work etc.) Are there any special circumstances or obstacles which the applicant has overcome? It is important to the Committee to learn both this applicant's particular strengths and areas which need improvement. Generalizations are less useful than specific examples.

Please sign and date your letter of recommendation.

Your recommendation should be placed in a *sealed* envelope with your signature across the seal to ensure confidentiality. **Please DO NOT mail to the committee.** Return your recommendation to the applicant.

Thank you.