

E. Please provide a copy of your most recent (2016) 1040 tax return. Note: To protect your privacy, please blackout all social security numbers.

F. My contribution towards the school year is \$_____

G. List scholarships applied for and amounts expected to obtain.

H. Family members living at home and ages:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

I. Other employment. List most recent first.

J. Explain any unusual circumstances concerning family financial situation:

K. Write a statement about your proposed program of study and eventual career goals on separate sheet of paper.

L. Please attach a brief character reference written by your supervisor.

M. I authorize Littleton Regional Healthcare Personnel Department to release pertinent information relative to this application.

(Applicant's Signature)

(Date)

This completed application must be postmarked no later than April 15, 2017.

RETURN IN A FLAT 9X12 ENVELOPE (NO STAPLES)

**To: Nancy Diener
Auxiliary Scholarship Chairperson
360 Brook Road
Bethlehem, NH 03574**