GUIDELINES FOR ADMINISTRATION OF JOSIAH W. BROWN SCHOLARSHIP FUNDS

(as amended by the Board of Selectmen February 1, 2023)

The Josiah W. Brown Trust provides funds for "the education of poor and worthy young ladies and men residents of the Town of Wolfeboro, New Hampshire". The Wolfeboro Board of Selectmen has established the following guidelines for the administration of these funds:

- 1. All recipients of scholarship assistance must have completed high school or have reached the age of 17. High School seniors must provide a transcript of their final grades with their application and a copy of the Letter of Acceptance from the college or university which they plan to attend.
- 2. Scholarship funds may be extended to applicants during any years of consecutive attendance at an institution of higher learning, including graduate study.
- 3. Maximum age of scholarship recipients is 24 years of age, unless the applicant has served in the military or has been subject to long illness or other legitimate reason why education has been delayed or disrupted.
- 4. Scholarship funds will be limited to not more than \$1,500 per semester (or 6-month period), and not to exceed \$3,000 per academic year for full-time students. Part-time college students may be awarded partial scholarship awards. To receive continuing aid from the Josiah W. Brown Trust, the student must maintain a "C" average and provide documentation of their grades.
- 5. Applicants who have reached the age of majority (18) and who are no longer at home or claimed by parents as exemptions on Federal Income Tax returns are considered as adults and family income will not be a consideration. All other applications must be signed by either a parent or legal guardian.
- 6. Personal interviews with candidates requesting initial grants may be required.
- 7. Financial status of applicant or family:

<u>Maximum Family Assets</u> (Not including the value of the home and land on which home is located) including checking and savings accounts, stocks, bonds, trusts, etc. shall not exceed \$100,000, which must be documented.

Combined Income Shall Not Exceed:

1 child	\$69,090
2 children	\$83,250
3 children	\$97,410
4 or more	\$111,570

8. Deadlines: Applications must be received by June 15th for the first semester and by November 15th for the second semester. Remember that you must renew your application for each semester.

JOSIAN W. BROWN SCHOLARSHIP FUND APPLICATION

Date:	
Names:	Phone Number:
Address:	E-mail address:
	Date of Birth:
	Social Security No.:
High School Attended:	Graduation Date:
College Attending:	
Mailing Address:	
Tuition Cost: \$	Room & Board: \$ Books & Supplies: \$
	eceive or Expect to Receive:
Mother's Name	Father's Name:
Address:	
Yes No If yes, In Do you live with your parents. Do you receive financial supp	tion for Federal Income Tax Purposes by anyone other than yourself? by whom? or guardian? Yes No out from your parents or guardian? Yes No
Briefly describe personal or fa	amily circumstances and why you are seeking financial aid.
Signature of Parent/Guardian	Signature of Applicant
Approved () Disapproved () PERSONAL FINANCIAL ST	

living alone or with a guardian.		
Applicant's Total Annual Income	\$	
Father's Total Annual Income	\$	
Mother's Total Annual Income	\$	
<u>ASSETS</u>		<u>LIABILITIES</u>
Cash on hand \$		Mortgage \$
Savings & Checking \$		Other notes or loans payable \$
Stocks & Bonds \$		Other account payable \$
Real Estate (other than the home and land		(e.g. credit cards)
on which it is located) \$		Unpaid Taxes \$
Receivables (loans or notes) \$		Medical bills \$
Vehicles \$		Unpaid Rent \$
Personal Property \$		Other Debts \$
Life Insurance (cash value) \$		
Other Assets (list)		
Total Assets: \$		Total Liabilities: \$
Applicants must provide a copy of the	eir family's l	atest income tax return as filed with the IRS, and
copies of their latest bank statements	for both che	cking and savings accounts, brokerage statements
(if any), and statements from any oth	er financial i	nstitutions in which they have financial assets.
Signature of Applicant		Signature of Parent or Guardian (if applicable)
Date:		Date:

This statement should be filled out by the applicant and the applicant's parents unless the applicant is