

Northeast Utilities Foundation Scholarship Program

for Sons and Daughters of Northeast Utilities System Employees

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 1

**FOR
SCHOLARSHIP
AMERICA
USE ONLY**

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTRE	ACTM	TOTAL

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail Address _____

Date of Birth: Month _____ Day _____ Year _____

Please indicate your status. (For statistical purposes only) Male Female

American Indian/Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

**EMPLOYEE
PARENT
OR
GUARDIAN
INFORMATION**

Last Name _____ First _____ Middle Initial _____

Work Telephone (_____) _____

Fax Number (_____) _____ E-mail Address _____

Job Title _____ Department _____

Company Name _____ City _____ State _____

Relationship to Applicant _____ The applicant is a dependent of the employee Yes No

**HIGH
SCHOOL
DATA**

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

**POST-
SECONDARY
SCHOOL
DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University Other, explain _____ Year in school next year:
 1 Other, explain _____

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Other _____

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From-Mo/Yr	To-Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activities and accomplishments	No. of months Participated	Special Awards, Honors	Offices, roles, responsibilities

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is extremely appropriate very appropriate moderately appropriate inappropriate

The applicant's achievements reflect his/her ability extremely well very well moderately well not well

The applicant's ability to set realistic and attainable goals is excellent good fair poor

The quality of the applicant's commitment to school and/or community is excellent good fair poor

The applicant is able to seek, find, and use learning resources extremely well very well moderately well not well

The applicant demonstrates curiosity and initiative extremely well very well moderately well not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks extremely well very well moderately well not well

The applicant's respect for self and others is excellent good fair poor

Comments _____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

An official transcript of grades must be sent with this application. Grade reports are not acceptable.

Applicant ranks _____ in a class of _____
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Cumulative Grade Point Average
Weighted: _____ /4.0 scale
Unweighted: _____ /4.0 scale

SAT		
Critical Reading	Writing	Math

ACT			
English	Reading	English/Writing	Math

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship America has received all of the following materials:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

Northeast Utilities Foundation Scholarship Program
Scholarship America
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline March 1

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship America are final. I certify I meet eligibility requirements of the program as described in the brochure and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____
