THE NEW IPSWICH, NH
ATHLETIC ASSOCIATION
SCHOLARSHIP

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME:_____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS:_____
(STREET) (CITY, STATE, ZIP CODE)

TELEPHONE:_____ AGE:_____

CURRENT HIGH SCHOOL:_____

APPLICANT MUST SUBMIT THE FOLLOWING INFORMATION WITH THIS APPLICATION.

1. LIST ALL SCHOOLS YOU HAVE BEEN ACCEPTED TO.

2. WHICH SCHOOL DO YOU PLAN TO ATTEND? MAJOR? PLEASE SUBMIT EVIDENCE OF ACCEPTANCE.

3. LIST ANY RELATIVES WHO ARE MEMBERS OF THE NEW IPSWICH ATHLETIC ASSOCIATION.

4. PLEASE PROVIDE A BRIEF STATEMENT ABOUT YOUR GOALS AFTER GRADUATION.

5. PLEASE LIST ALL EXTRA CURRICULAR ACTIVITIES, ORGANIZATIONS, AND CLUBS YOU HAVE PARTICIPATED.

APPLICATIONS MUST BE RECEIVED AT DEPARTMENT HEADQUARTERS NO LATER THAN MAY 15, 2026
SCHOLARSHIPS WILL BE GIVEN AT START OF SECOND SEMESTER.

_____
(APPLICANTS SIGNATURE)