

THE GROVE W. AND AGNES M. HINMAN
CHARITABLE FOUNDATION SCHOLARSHIP

This scholarship is available to students who will successfully complete diploma requirements at Hamilton, Madison, or Morrisville-Eaton Central School in June and will enter an institution of higher education as a full-time student next fall.

Hinman Scholarships are available for two semesters during each academic year, for a total of four academic years, upon certification of full-time enrollment each semester.

Applications and additional information may be obtained from the School Counselors at Hamilton, Madison, and Morrisville-Eaton Central Schools.

APPLICATIONS MUST BE COMPLETED AND MAILED OUT BY YOU TO THE HINMAN FOUNDATION BEFORE MAY 15TH.

Grove W. and Agnes M. Hinman

Charitable Foundation Scholarship Application

Name of applicant: _____
(Last) (First) (Middle)

Address: _____

Telephone: _____

All information given below is for the use of the trustees of the Grove W. Hinman and Agnes M. Hinman Charitable Foundation only, and will be kept strictly confidential by them.

What institution do you plan to attend: _____

Have you been accepted: ____ If not, when will you know: _____

Please carefully estimate each of the following costs for the upcoming school year:

	Amount
Tuition:	_____
Room & Board:	_____
Books:	_____
Travel:	_____
Spending Money:	_____

Other: (specify) _____

Total:

Please list all financial assistance you expect to obtain (other than a Hinman Scholarship):

Amount

Scholarship: _____

SEOG: _____

Work-Study: _____

Student Employment: _____

TAP: _____

PELL: _____

EOP: _____

Regents Scholarship: _____

Student Loan: _____

Family Contribution: _____

Student's Savings: _____

Other (specify): _____

Total:

Please make any comments that you feel would be pertinent in our consideration of your application:

Amount

Adjusted gross income from your most recent IRS Form 1040,
or IRS Form 1040A of parent or parents: _____

Other income (Social Security, child support, disability
pensions, public assistance, etc.): _____

This year's total estimated income (father): _____

This year's total estimated income (mother): _____

Value of real estate, not including mortgage: _____

Are there any other members of the applicant's family who are dependent for financial support on the
mother and/or father, and who are now attending college? _____

If yes, please complete this part where applicable (include younger children in school):

	Family	Scholarships		
Name	School	Cost of School	Contributions	or Grant_____

I hereby declare that the statements given above are true and complete to the best of my knowledge.

Date: _____

Signature of Applicant: _____

Signature of Parent: _____

Mail to: Grove W. Hinman & Agnes M. Hinman Charitable Foundation

P.O. Box 209

Hamilton, NY 13346