

**ZONTA CLUB OF CONCORD**  
**SCHOLARSHIP IN MEMORY OF ELEANOR PROVENCHER**

**DEADLINE: JUNE 15<sup>th</sup>**

**PLEASE TYPE OR PRINT IN INK AND RETURN TO NHTI'S FINANCIAL AID OFFICE**

The Zonta Scholarship Program offers financial assistance to female students who are returning to college after being out of high school for 5 plus years. Applicant must have complete 12 college credit hours with at GPA of 2.5 or better.

Student ID # \_\_\_\_\_

**NAME**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**MAILING ADDRESS**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_

**TELEPHONE NUMBERS**

Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Are you working?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes,** Part-time \_\_\_\_\_ Full-time \_\_\_\_\_  
Hours/Month \_\_\_\_\_ Hourly Wage? \_\_\_\_\_ Monthly Wage? \_\_\_\_\_

Have you applied for financial aid? \_\_\_\_\_

**Name of High School:** \_\_\_\_\_

**Year of HS Graduation:** \_\_\_\_\_

**Please provide proof of the 2.5 GPA & the 12 credit hours from NHTI or another college**

**TO BE SIGNED BY ALL APPLICANTS**

I certify that I have read and agree with the above, and that all information provided herein is true and complete.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Return to:**  
**NHTI, Concord's Community College**  
**31 College Drive**  
**Concord, NH 03301**  
**ATTN: Financial Aid Office**