

Frank Edelblut Commissioner

Christine M. Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE **DEPARTMENT OF EDUCATION Division of Educator Support & Higher Education Higher Education Commission** 101 Pleasant Street Concord, NH 03301 TEL. (603) 271-3495 FAX (603) 271-1953

Reapplication for Scholarships for Orphans of Veterans [Deadline Date: September 1]

APPLICANT

Name of Applicant:			
	First	M.I.	Last
Mailing Address:			
Telephone Number:	E-Mail Address:		
Present Legal Residence: [Please provide proof of r		e of Administrative Rules, He	edc 502.03 – see attached]
LIVING PARENT OR GUAR	DIAN		
Name/Address of Living P	arent or Guardian:		
N.H. PUBLIC INSTITUTION			
Name/Address of Instituti	ion you are attending:		
[] Undergraduate [] [] Graduate	Freshman [] Sopho	omore [] Junior [] Se	nior
I declare, under the penal my knowledge and belief.		answers to the above questi	ons are true and correct to the best o
Signature of Applicant			Date
PLEASE COMPLETE AND R	ETURN TO:	N.H. Department of Ed Division of Higher Educ	ucation ation – Higher Education Commission

101 Pleasant Street Concord, NH 03301