

DATE RECEIVED BY CRBR®: \_\_\_\_\_



**Capital Region Board of REALTORS®, Inc.**  
**5 Franklin Street, Concord, NH 03301**  
**www.capitalregionboard.com**  
**scan/email: nancy@capitalregionboard.com**  
**Application Submission Cut-off Date: April 12, 2024**

## **2024 Capital Region Board of REALTORS® Memorial Scholarship Award Application**

Name of Student: \_\_\_\_\_

Name of high school: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Course of study/Degree: \_\_\_\_\_

Schools Accepted to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade Point Average: \_\_\_\_\_

List of Academic Awards, Honor Roll etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO QUALIFY FOR THE CAPITAL REGION BOARD of REALTORS® 2024 MEMORIAL SCHOLARSHIP AWARD, THIS APPLICATION MUST INCLUDE THE FOLLOWING:

*(applications must be submitted as a complete package; applications submitted via email are to be sent in .pdf format ONLY. Applications not received as a complete package or not in .pdf format will NOT be considered)*

1. A bulleted list of your extracurricular activities. ie. clubs, sports, after school jobs and summer jobs.
2. A bulleted list of your community service activities and organizations associated with them, including the academic years you were involved in each activity.
3. Write a 300 word or less typed essay on how your community service activities impacted and improved your community and what you learned from contributing to your community.
4. One letter of recommendation from a faculty member.
5. Letter from a Volunteer Coordinator or Administrator who supervised you in your volunteer activity stating you volunteered and any additional information they would like to provide.
6. Transcripts - High School or past year in current school.
7. High School (or other school) Awards Presentation date \_\_\_\_\_.
8. Your home address must be in one of the towns listed on the enclosed list.

Should you be chosen as a recipient of this year's scholarship, we would like to submit your name and photo in a press release to local newspapers and social media.

May we have your permission to do so? \_\_\_ Yes \_\_\_ No

If yes, please include your photo with this application.

Signature of Applicant: \_\_\_\_\_

Signature of parent/guardian, if applicant is under the age of 18: \_\_\_\_\_

Date: \_\_\_\_\_

**GOOD LUCK, AND THANK YOU FOR APPLYING**