

**PO Box 21: NH Helps Immigrants
APPLICATION FOR
ASSISTANCE**

Applications are reviewed on an individual basis.

Applications should be submitted **at least 2 weeks prior** to the start of the activity for both school year and summer assistance.

**Mail or email completed form and letter of
reference to: NH Helps Immigrants
PO Box 21
Center Sandwich, NH 03227
nhhelpsimmigrants@gmail.com**

Your Name: _____

Mailing address, Street and Apt. #: _____

Town of residence and Zip Code: _____

Phone and email address: _____

Date submitted: _____ Date when program begins: _____

What program and school do you wish to attend?

School and Address: _____

School phone and email: _____

Program Name: _____

Date of Start: _____ Date of Finish: _____

Type of Degree or Certificate this program awards _____

Your educational achievements to date. Give particulars of school, city and country, year of graduation and degrees, you have obtained already.

High School

College

Work Experience

Your employment, present and past. Give particulars of work, employer or company names, city and country. Include dates of beginning a job and ending a job.

Current: _____

Past: _____

Other job skills or experience in your family or as a volunteer:

Personal Details.

Your Date of Birth: _____ Country of Origin: _____

Current Immigrant or Citizen Status: _____

Give Social Security or Alien Number _____

Do you plan to apply for American citizenship? _____

Financial Information:

Are you financially independent? _____

Explanation? _____

If you are not currently allowed to work, please explain. Give dates of expected work permits: _____

If you are presently dependent on someone else or a group for financial support, would that person be able or willing to help pay your school tuition? Yes _____ No _____.

Personal Reference

Name, address, phone and email of a person who could provide us with a personal reference.

Name: _____

Address: _____

Phone or email: _____

How long you have known this person: _____

Please ask this person to write a letter to PO Box 21 explaining how they know you, how long they have known you, and why they think you would be a good candidate for this school program. This person should not be a family relative, partner, or spouse. He or she could be an employer, a host parent, church leader or friend. Attach this letter to your application.

Your Career Goals

Why do you want to take this program? How do you think it will help you achieve your goals? Is this program part of a long-time dream? What is your dream? Please attach an essay to answer this question. It should be at least 200 words long (about 1 typed page, double spaced).

Other Needs: To be successful in this program, do you have any other needs before the program starts—eye glasses, dental care, health insurance, special shoes or uniforms, equipment or books, other?

Agreements

I understand that PO Box 21: NH Helps Immigrants is responsible only for financial assistance. Acceptance of an award means I agree to assume all other responsibilities including liability.

By signing this application I give PO Box 21 permission to share my name and award amount with the school program provider if approved for an award.

By signing this application, I certify that the information on this application is true and accurate and give PO Box 21 permission to verify all information provided by me.

Your signature

Date

Permissions (Saying no will not interfere with being granted a scholarship or award.)

If approved for an award, I give permission for PO Box 21 to use photos of me in PO Box 21 newsletters, social media pages or press releases? ☐ YES ☐ NO..

I also give PO Box 21 permission to publish part or all of my essay on Career Goals.

YES ☐ No ☐.

The next board meeting of PO Box 21 will be _____. Please submit your application at least two days before this date. We will notify you of your award that day.

P.O. Box 21, Center Sandwich, New Hampshire
03227

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of New Hampshire