

Zachary M. Tompkins Memorial Fund

Academic Scholarship Application

P.O. Box 323 Hudson, NH 03051

Name _____ Phone Number (____) ____ - ____

Email _____ Date of Birth ____/____/____

Primary Address (street, city, state, zip)

How would you like to send in your High School Transcript?

 Attached to this form Via email (scholarship@zacharytompkins.org)**Academic Information**

Name of High School _____	Name of College/University for Scholarship _____
Address of High School _____	Intended Major _____

Personal References

Name _____	Name _____
Phone Number (____) ____ - ____	Phone Number (____) ____ - ____
Relationship _____	Relationship _____

Personal Essay (please attach essay on separate piece of lined paper)

Prompt: How have you made a significant impact on someone's life?

Agreements

- I agree that all information provided is true and factual.
- I have read and agree to the Terms and Conditions/Rules and Regulations of this contest*.

Signature _____ **Date** ____/____/____

*Terms can be found at scholarship.zacharytomppkins.org