

# The New Hampshire Association of Broadcasters, Inc.

## Student Broadcaster Scholarship Program



Our Association is committed to encouraging students who are interested in radio or television to further their education. Students interested in a career in over-the-air broadcasting are encouraged to apply for a scholarship from the New Hampshire Association of Broadcasters, Inc. (NHAB).

### What is the New Hampshire Association of Broadcasters?

Established in 1954, the New Hampshire Association of Broadcasters is a non-profit trade organization for over-the-air radio and television stations. NHAB promotes broadcasting as a viable career choice.

### Who should apply for the Student Broadcaster Scholarship?

Students who are permanent residents of New Hampshire and are in the process of enrolling, or are currently enrolled, at an accredited institution of higher learning are encouraged to apply for a **\$2,500** scholarship. Such institutions include vocational schools, 2- or 4-year colleges or universities offering degrees in radio and television broadcasting. Applicants must meet their school's status of a full-time student. The school does not need to be in the Granite State.

**The Al Sprague Memorial Scholarship** was established to honor the former President of NHAB who died in 2008. Mr. Sprague left his mark on broadcasting in the Granite State and to honor his legacy, one **\$5,000** scholarship will be awarded annually to the student who shows the most promise in industry advocacy, leadership and entrepreneurship.

### How will recipients be selected?

The selection process for scholarships will take into account such factors as financial need, academic merit, community service, extra-curricular activities and work experience. Highest priority will be given to students with the most limited financial resources. Applications are reviewed and selected by broadcasters who have contributed financially to the NHAB Student Broadcaster Scholarship Program.

### How and when are scholarships disbursed?

Scholarship payments will be made payable to both the student and the school and will be awarded in time for the 2017 fall semester. Students receiving a scholarship will be contacted in writing and a check presentation will be arranged. Letters of regret are sent to those students who have not been awarded aid.

Additional copies of this application are available at [nhab.org](http://nhab.org).

### What is the application process?

Return the completed application **by Friday, April 7, 2017** to:

**NHAB  
P.O. Box 5578  
Manchester, NH 03108**

NHAB is not responsible for materials mailed separately. Applications that are incomplete, faxed, late or emailed will not be considered.

PLEASE COMPLETE APPLICATION USING BLUE OR BLACK INK OR TYPE.

**Personal Information**

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

I am a: \_\_\_\_\_ high school senior \_\_\_\_\_ undergraduate student

High School: \_\_\_\_\_

*school name/state/graduation date*

School You Plan  
To Attend in Fall: \_\_\_\_\_

*school name/state/expected graduation date*

My School is a: \_\_\_\_\_ 4-year college or university \_\_\_\_\_ 2-year college \_\_\_\_\_ voc-tech school

I will be a: \_\_\_\_\_ freshman \_\_\_\_\_ sophomore \_\_\_\_\_ junior \_\_\_\_\_ senior

Field of Study: \_\_\_\_\_

Activities: list community & school activities in which you have participated. Include sports, student government, volunteer and community projects, etc. (**Attach additional sheets if necessary**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience: (**or enclose current resume**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state why you have chosen to pursue a career in a broadcast-related field: (**Attach additional sheets if necessary**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE APPLICATION USING BLUE OR BLACK INK OR TYPE.

If applying for the AI Sprague Memorial Scholarship, please indicate why you believe you are a good candidate: *(Attach additional sheets if necessary)*

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**High School Students Only**

TO BE FILLED OUT BY A HIGH SCHOOL OFFICIAL

Student ranks \_\_\_\_\_ in a class of \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ (4.0 scale)

PSAT/SAT \_\_\_\_\_ (critical reading) \_\_\_\_\_ (math) \_\_\_\_\_ (writing)

Signature, Title & Date: \_\_\_\_\_

**Transcript**

If you are a graduating high school senior, or have never enrolled in college, you must include a high school transcript. If you are now enrolled, or *have ever been* enrolled as a college student, please include your most recent college transcript. The transcript need not be an official copy, but it must be cumulative and show most recently completed study. TRANSCRIPTS MUST BE INCLUDED WITH APPLICATION.

**Family Financial Statement**

If you are a dependent student, please have your parents complete the PARENT INFORMATION section using information from their most recent IRS Tax Return. Independent students and dependent students must complete the STUDENT INFORMATION section with information from your most recent IRS Tax Return. You are a dependent student if you are under 24 years of age.

**PARENT INFORMATION**

Adjusted gross income: \_\_\_\_\_

Total US income tax paid: \_\_\_\_\_

Total number of family members: \_\_\_\_\_

**STUDENT INFORMATION**

Adjusted gross income: \_\_\_\_\_

Total US income tax paid: \_\_\_\_\_

Total number of family members: \_\_\_\_\_

Total number of family members who will be attending college during the next academic year: \_\_\_\_\_

PLEASE COMPLETE APPLICATION USING BLUE OR BLACK INK OR TYPE.

Describe personal or family circumstances that make it necessary for you to seek aid for your education:  
*(attach additional sheet if necessary)*

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**Certification**

I certify that the information on this form is true and complete to the best of my knowledge. If asked by any authorized representative of the NHAB, I agree to give documentation for information given on this form. I realize that this proof may include a copy of a US tax return. I understand that the New Hampshire Association of Broadcasters will consider the financial information confidential.

Applicant Signature & Date: \_\_\_\_\_



NEW HAMPSHIRE ASSOCIATION OF BROADCASTERS

*P.O. Box 5578, Manchester, NH 03108*

*603-232-0277 • [www.nhab.org](http://www.nhab.org)*

*Facebook @NHBroadcasters*

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