



- **List of Volunteer service or any special Awards the Committee should be aware of (please include dates of service/awards).**

**Student Affidavit**

**I hereby certify that the information contained herein is correct and complete and that I will use the proceeds of any aid awarded only for payment of direct educational and other college-related expenses. I understand that conditions for receiving scholarship aid, from The Elliot Hospital Associates, are contingent upon maintaining satisfactory progress toward graduation. Failure to comply with these requirements could vacate any awards for the current school year.**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

**All Completed Applications must be submitted (interoffice) or postmarked by July 31 of this year to :**

**Elliot Hospital Associates  
Attn. Scholarship Committee  
One Elliot Way  
Manchester, NH 03103**