

SCHOLARSHIPS



Scholarships are awarded to New Hampshire residents only who are full time students enrolled in undergraduate study. There is no geographic restriction regarding the school being attended, and applicants may re-apply each year of full-time undergraduate enrollment. Scholarships are awarded to worthy students with financial need.

Approximately thirty-five (35) scholarships are awarded annually.

Applications must be submitted by May 10th. The submission must include the application form, a copy of the face sheet of parents most recent Federal Income Tax Return(s), student's Federal Income Tax Return, and a copy of the FAFSA showing grants and loan information.

DOWNLOAD THE SCHOLARSHIP APPLICATION

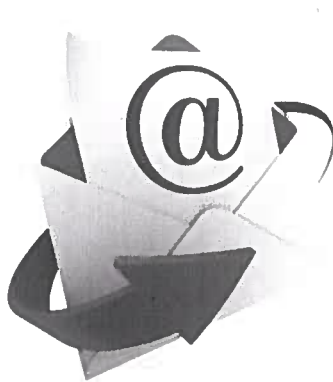
Burtman Scholarship Application (pdf)

DOWNLOAD

SEND US YOUR COMPLETED SCHOLARSHIP APPLICATION



REQUEST A SECURE
LINK TO UPLOAD
YOUR APPLICATION



EMAIL US YOUR
COMPLETED
APPLICATION



MAIL YOUR APPLICATION

Abraham Burtman Charity Trust
c/o Burns, Bryant, Cox,
Rockefeller & Durkin
255 Washington St.
Dover, NH 03820

**ABRAHAM BURTMAN CHARITY TRUST
STUDENT SCHOLARSHIP APPLICATION**

2023 – 2024 School Year

www.burtman.org

INSTRUCTIONS

1. Please answer ALL questions listed below.
2. Be sure to include the following with your application
 - Copy of face sheet of parent's most recent Federal Income Tax Return
 - Copy of student's Federal Income Tax Return
 - **Full** copy of student's FAFSA, specifically the section that indicates financial aid and other financial assistance being received.
3. Submit your completed application by **May 10, 2023**.

******* Incomplete applications may not be considered *******

HOW TO SUBMIT YOUR APPLICATION

Online: www.burtman.org

Email: swachtel@burnsbryant.com

US Mail: Abraham Burtman Charity Trust, 255 Washington Street, Dover, NH 03820

1. Student _____
Last Name/First Name/Middle Initial _____ Date of Birth _____

2. Home Address _____
Street/City/State/Zip _____ Telephone # _____

3. High School Applicant attended _____

4. School of Applicant's choice for which scholarship is requested:

School Name _____ City/State _____ Estimated Annual Cost _____

5. List other financial aid which has been awarded to you for the next school year. If circumstances change before May 31, please notify us. _____

6. List other types of financial assistance you will receive (ie; Scholarships, Grants, etc.) _____

7. Name of Father, Stepfather or Guardian _____
Age _____ Occupation _____ Employer _____

8. Name of Mother, Stepmother or Guardian _____
Age _____ Occupation _____ Employer _____

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9. Reason for Application _____

10. Annual Income of Parent(s) and Student

	Father	Mother	Student	Student's Spouse
Salaries				
Other Income				
Total				

11. Assets of Parents and Student (including real estate, savings accounts, etc.)

Fair market net value of all assets combined

	Father	Mother	Student	Student's Spouse
Assets				

(I) (We) certify that the information given above is true and signed under the pains and penalties of perjury.

Father

Mother

Date

Date

Student Applicant

Student's Spouse

Date

Date

INFORMATION FOR SCHOLARSHIP APPLICATION

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If you have any questions, contact Sol Wachtel, Office Manager at 603-742-2332 or email at SWachtel@burnsbryant.com