



**SCHOLARSHIP ORGANIZATION APPLICATION**

This application is due no later than June 15, 2021.

**PRINT OR TYPE**

**STEP 1**

1. ORGANIZATION NAME:	5. FEDERAL TAXPAYER IDENTIFICATION NUMBER:
2. STREET ADDRESS:	
ADDRESS (CONTINUED):	
3. CITY/STATE/ZIP:	
4. ORGANIZATION CONTACT NAME & TITLE:	TELEPHONE NUMBER:
EMAIL ADDRESS:	

**STEP 2**

I attest that the applying organization meets the following eligibility requirements of RSA 77-G:1, XVII:

- The organization is a charitable organization incorporated or qualified to do business in New Hampshire;
- The organization is exempt from federal income taxation pursuant to section 501(c)(3) of the Internal Revenue Code **(Attach a copy of the organization's Section 501(c)(3) Exemption Determination Letter from the IRS);**
- The organization complies with applicable state and federal antidiscrimination and privacy laws;
- The organization is registered with the New Hampshire Director of Charitable Trusts **(Attach a copy of the Certificate of Registration);**
- The organization will comply with all of the provisions of RSA 77-G.

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete. Further, I attest to the eligibility requirements listed in Step 2 above.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE (IN INK)

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT SIGNATORY NAME & TITLE

MAIL TO:	NH DRA EDUCATION TAX CREDIT PO BOX 457 CONCORD NH 03302-0457
----------	---



**SCHOLARSHIP ORGANIZATION APPLICATION INSTRUCTIONS**

**WHO MUST FILE?**

Non-profit entities wishing to become qualified scholarship organizations must file a Scholarship Organization Application (Form ED-01).

**WHEN TO FILE?**

Form ED-01 must be received by the Department of Revenue Administration no later than **June 15, 2021**.

**WHERE TO FILE?**

Form ED-01 may be mailed to:

NH DRA  
Education Tax Credit  
PO Box 457  
Concord, NH 03302-0457

Or may be hand-delivered to the Department of Revenue Administration during business hours (Monday through Friday, 8:00 a.m. to 4:30 p.m.) at:

Governor Hugh J. Gallen Office Park South  
109 Pleasant Street  
Medical and Surgical Building  
Concord, NH 03301

**NEED HELP?**

Call the Department at (603) 230-5920, Monday through Friday, 8:00am to 4:30pm. For more information visit us on the web at: [www.revenue.nh.gov](http://www.revenue.nh.gov). Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

**LINE-BY-LINE INSTRUCTIONS**

**STEP 1**

**LINE 1**

Enter the organization's name.

**LINE 2**

Enter the organization's street address.

**LINE 3**

Enter the organization's city, state and zip code.

**LINE 4**

Enter the name, title, telephone number and email address of the contact person for the organization. The contact person should be the person the Department of Revenue Administration can contact regarding this application.

**LINE 5**

Enter the organization's Federal Taxpayer Identification Number.

**STEP 2**

The authorized signer shall read all of the statements contained in the application and affirm them to be true for the applying organization. This affirmation shall be evidenced by signing the application as stated below.

The application must be dated and signed in ink by an officer or authorized agent. In addition, print the name and title of the officer or authorized agent signing the application.

**NOTICE**

**Do not submit this application without including a copy of the organization's Section 501(c)(3) Exemption Determination Letter from the Internal Revenue Service and a copy of the organization's Certificate of Registration from the New Hampshire Charitable Trust Unit.**