

Aspire Scholarship Fund

It is our desire that each student who receives an Aspire Scholarship will know that they have the potential for a bright future and that there are people who believe in them regardless of what their past looks like. ~ Donors of the Aspire Scholarship Fund ~

Aspire supports students who have resided a substantial part of their formative years (K-12) in Presque Isle or Washburn and adult learners who have built a life in either town and are returning to school.

Eligible applicants will have successfully completed an alternative education program (for example, Presque Isle Alternative High School or The Carleton Project) or are alternative learners who would have benefited from such a program had one been available to them. Academic excellence is not a prerequisite, but demonstrated personal growth, capacity and will to succeed, and pursuit of a post-secondary education are. Please complete each section of this application completely and thoughtfully.

All applications must be postmarked by: May 15

Name: _____

Address:

Street address or P.O. number: _____

Town: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ E-mail: _____

Resident of this Town since: _____

Alternative School: _____ **Dates Attended:** _____

Did you graduate from this school? _____ Yes _____ No

If you did not attend an alternative program, please explain your circumstances on a separate sheet of paper.

High school you graduated from: _____ Date: _____

GED obtained: _____

FAFSA Filed on: _____ **Estimated Family Income:** _____

If you are a full-time student, you must file a FAFSA to be considered for this award.

Post-secondary program/college for which aid is requested:

Street address or P.O. number: _____

City: _____ State: _____ Zip code: _____

Anticipated major: _____ Degree program: _____

Enrolled: Part-time: _____ Full-time: _____ **Matriculating student:** _____ Yes _____ No

Do you work?

_____ Yes (# of hours _____ location _____) _____ No

Employment History:

Position held	Period of Employment	Hours per week
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

Family Information

Parent's current marital status: single married separated divorced widowed

Who is responsible for your support? mother father both other _____

Who do you live with? mother father both other _____

Number in household, including parents: _____

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

Funds available for your next year of college	
Family Contribution	\$
Personal Savings/Earnings	\$
Scholarships Awarded	\$
Current-year Loans	\$
Other (please explain)	\$
TOTAL	\$
Outstanding student loans: No. _____ Total \$ _____	

Please submit a copy of your college financial aid offer with this application.

College Budget (Cost of Attendance)

Please complete the cost of attendance at your college below. This information is available in college publications, on the web or from the financial aid office. Please provide current-year numbers.

College Budget for _____	
Tuition and Fees	\$
Room and Board	\$
Books	\$
Required Materials (tools, computer, etc.)	\$
Transportation	\$
Personal and other Expenses	\$
TOTAL COST OF ATTENDANCE	\$
Unusual Expenses (i.e. childcare/medical)	\$

Please explain any special circumstances on a separate sheet.

FINANCIAL INFORMATION RELEASE FORM

**** PLEASE FILL OUT AND MAIL THIS FORM TO YOUR **
COLLEGE OR PROGRAM FINANCIAL AID OFFICE,
NOT TO MAINE COMMUNITY FOUNDATION**

ATTENTION: Financial Aid Officer

The student named below is applying to the Maine Community Foundation for a scholarship and requires your assistance in providing need-based information. Please keep this signed statement in the student's file for reference if you receive an inquiry from our Scholarship Coordinator regarding the student's financial aid award.

TO THE SCHOLARSHIP APPLICANT:

I authorize release of financial aid award information to:

Maine Community Foundation
Scholarship Coordinator
245 Main Street
Ellsworth, ME 04605-1613
Tel: 207-667-9735 or toll free 877-700-6800
Fax: 207-667-0447
E-mail: info@mainecf.org Web: www.mainecf.org

College/University _____

Name of Student: _____

Address: _____

Phone: _____

Student's Signature: _____

Date: _____

REMINDER: DO NOT MAIL THIS FORM TO MAINE COMMUNITY FOUNDATION.