

PHYLLIS DOW SCHOLARSHIP FUND
MAPLETON UNITED METHODIST CHURCH

The Phyllis Dow Scholarship Fund provides scholarship support to graduates of a high school within a 15-mile radius of Mapleton, Maine. Priority will be given to members of the Methodist Church in Mapleton who are attending an accredited four-year college or university.

All applications and required information sent separately must be postmarked by April 30. Incomplete applications or those postmarked after this date will not be processed.

Student's Name: _____

Home Mailing Address: _____

Phone: _____ Cell: _____ E-mail: _____

Date of Birth: _____/_____/_____ Male () Female ()

If parent/guardian will claim you as a dependent this year, please list their name.

Name: _____

Name of current high school or college: _____

Address of high school or college: _____

Grade point average _____ Student Ranks _____ in a class of _____

Most recent SAT scores (optional): Math: _____ Verbal: _____

Post-secondary school for which aid is requested: _____

Upcoming year in school (circle) Undergraduate 1 2 3 4 Graduate 5 6 7 8

Degree anticipated: BA___ BS___ MA___ PhD___ other _____

Major field of study: _____

Financial Aid Information:

1. Have you been accepted to the college of your choice? ____yes ____no
If yes, make sure you have attached a copy of your financial aid award letter.

2. Date FAFSA filed: _____

List of School Activities (attach additional sheet if necessary)

Activity	Number of years participating	Special honors, offices
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Community Activities: _____

List of Summer or Part-time Employment:

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

Personal Statement: In 500 words or less, describe your aspirations and how your educational plans relate to them. Also, please note any personal or family circumstances that you feel make you particularly eligible for a scholarship. (Attach a separate sheet).

It is the responsibility of the applicant to ensure that all of the required items are submitted on or before the application deadline. Incomplete applications or those postmarked after April 30 will not be processed. All information received from applicants will be held in confidence.

I certify that I am a legal resident of the State of Maine and that all information on this form is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated on this form, including a copy of my parent's and/or my prior year's U.S. Income Tax return. In addition, I hereby authorize the college I will attend in the ___-___ school year to release information on financial aid awarded to me by the college and other sources to the Maine Community Foundation.

Signature of Parent/Guardian: _____

Signature of Applicant: _____

Required Information: (do not staple, please)

Please submit the information requested below printed on one side only (not front and back). *Remember, all applications and required information sent separately must be postmarked by April 30. Incomplete applications or those postmarked after this date will not be processed.*

- This completed application form
- Copy of your most recent high school or college transcript. A printout from the internet is not acceptable. We prefer that you include your transcript with your application.
- Copy of your college financial aid offer (if you have received it by the time of submission).
- Send a copy of the Financial Information Release Form to the school you will be attending.

All applications & required information sent separately must be postmarked by April 30 and sent to:

*Phyllis Dow Scholarship Fund
Maine Community Foundation
245 Main Street
Ellsworth, ME 04065
Tel: 207-667-9735
www.mainecef.org*

FINANCIAL INFORMATION RELEASE FORM

**** PLEASE FILL OUT AND MAIL THIS FORM TO YOUR **
COLLEGE OR UNIVERSITY 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.