

JAMES AND MARILYN ROCKEFELLER SCHOLARSHIP FUND

For those who, by circumstance or design, are on a "road less traveled" and are seeking traditional or nontraditional educational experiences that will change their life and the lives of people around them.

Renewal Application

Deadline – May 15

Name: _____ Year of Birth: _____

Mailing address:

County: _____

Street address or P.O. number _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ E-mail: _____

Please provide a brief summary of your original plan/goal:

Employment History: Please complete the section(s) appropriate to your current situation.

Employment

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

Current Academic Year (include work study)

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

Summer (previous two)

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

The James and Marilyn Rockefeller Scholarship Fund is administered by the Maine Community Foundation. For more information, please call 1-877-700-6800 or visit www.mainecef.org.

JAMES AND MARILYN ROCKEFELLER SCHOLARSHIP FUND (page 2)

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 May 15. Incomplete applications or those postmarked after this date will not be processed.*

- Completed application form
 - Please submit either page 3 or page 4, but not both.
- A thoughtful personal statement in business letter format – grammar, spelling and punctuation count.
- If you are requesting support to continue at an accredited college or training program:
 - A 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.
 - A copy of your complete Federal Student Aid Report (SAR), which must include your expected family contribution (EFC) and your family’s adjusted gross income (AG). Do not send the FAFSA.
 - A copy of your college financial aid offer (current year acceptable).
- If you are requesting support to continue a self-directed or nontraditional learning experience:
 - A letter from the mentor with whom you will be working outlining progress made during the current year and commitment to continue working with you on the project.
- Applicants whose plan includes visual arts are invited to submit up to four examples of their work. We prefer photographs or PowerPoint submissions.

Personal Statement: With the help of the Rockefeller Scholarship, you are on the road to reaching your goal. Please share with the committee how you are doing, the challenges and opportunities you’ve faced this year, and your plans for next year. The committee will give preference to those applicants whose financial plans are sound. A realistic financial plan is based on your real assets and financial aid package. Please address how you will meet the cost of your living expenses and education specifically in the coming year and more generally over the course of your education. There is no required minimum word count, but your letter must be typed and should not exceed two pages double-spaced.

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 May 15 will not be processed. All information received from applicants will be held in confidence.

I certify 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 parents’ and/or my prior year’s U.S. Income Tax returns.

Signature of Applicant: _____

All applications and required information sent separately must be postmarked by May 15 and sent to:

James and Marilyn Rockefeller Scholarship Fund
Maine Community Foundation
245 Main Street
Ellsworth, ME 04605
1-877-700-6800

All information received from applicants will be held in confidence.

Enrollment at an Accredited College or Training Program*

Scholarship awards are made for the current year, which is July 1 through June 30. Awards are not retroactive. Scholarships are typically paid in December for second semester expenses.

Course of study for which aid is requested: _____

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

Enrolled: Part-time: _____ Full-time: _____

College/Training Program: _____

Street address or P.O. number: _____

City: _____ State: _____ Zip code: _____

Contact: _____

Phone: _____ E-mail: _____

COLLEGE or TRAINING PROGRAM			
Financial Summary for the <u>CURRENT</u> Year (July 1 through June 30)			
Funds Available		Budget (cost of attendance)	
Family Contribution	\$ _____	Tuition and Fees	\$ _____
Personal Savings/Earnings	\$ _____	Room and Board	\$ _____
Scholarships Awarded	\$ _____	Books and Materials	\$ _____
Current-year Loans	\$ _____	Transportation	\$ _____
Other (please explain)	\$ _____	Personal and other Expenses	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____
Outstanding student loans: #___	\$ _____	Unusual Expenses (explain)	\$ _____

Total Estimated Expenses of the balance of this education:

- 1. Tuition and Fees \$ _____
- 2. Room and Board \$ _____
- 3. Books and Materials \$ _____
- 4. Transportation \$ _____
- 5. Personal and other Expenses \$ _____
- Total expenses (lines 1-5) \$ _____

*Students must be enrolled in a program that is accredited by a national recognized accreditation agency. Please contact Jean Warren at jwarren@mainecf.org if you have any questions concerning your educational opportunity.

Please submit either page 3 or page 4, but not both.

JAMES AND MARILYN ROCKEFELLER SCHOLARSHIP FUND (page 5)
**Financial Information Release Form for Enrollment at an Accredited College
or Training Program**

FINANCIAL INFORMATION RELEASE FORM

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