# A logo with white text  Description automatically generatedAllen C. & Leurene F. Hodgkins Scholarship Fund

## Guidelines

### History and Purpose

Leurene Hodgkins served Lamoine as its treasurer from 1973 through 1979. Her first husband, Dr. Allen Hodgkins, was a long-time Selectman in Lamoine. They briefly lived in Alaska and helped start a fluoride treatment program for children there. She and Allen were married for nearly 60 years until his death in 1995. She enjoyed hunting, fishing, and riding the back roads of Maine, and established this fund through a bequest.

Applications are available at the Lamoine Town Hall and from the Maine Community Foundation website, www.mainecf.org.

### Eligibility

To be eligible for the Allen C. & Leurene F. Hodgkins Scholarship applicants must:

1. Be a resident of Lamoine, Maine
2. Be a graduating senior or have graduated from high school within five years of the date of application
3. Be pursuing post-secondary education at an accredited college, university or technical school

Award consideration will be based on:

1. Evidence of financial need
2. Evidence of academic achievement

### Awards

There will be a minimum of two awards annually.Awards will be based on the recommendation of the selection committee and be dependent on available funds. Past recipients must submit an application for renewal consideration. Students must maintain a “C” average or equivalent to be considered for renewal.

Award monies used for expenses other than tuition, books and supplies must be reported as taxable income by the recipient. It will be the responsibility of the recipient to report and pay any tax liability.

### Administration

**All applications must be postmarked no later than June 1.** Incomplete applications or those postmarked after this date will not be processed. All information received from applicants will be treated as confidential. Students will be notified of scholarship decisions in July. Awards will be mailed to the school in December. Checks will be made payable jointly to the student and the school and applied to the second semester expenses.

|  |  |
| --- | --- |
| **Submission Deadline:** | **Submission Address:** |
| **June 1** | **Allen C. & Leurene F. Hodkins Scholarship Fund****Board of Selectmen**Lamoine Town Hall606 Douglas HighwayLamoine, ME 04605 |

### Scholarship-Specific Information

|  |  |
| --- | --- |
| **Is this a renewal application?** | ☐ Yes ☐ No |
| **Letter of Recommendation** | A letter of recommendation from a current teacher that includes an assessment of your academic ability and your prospects for success in gaining the goals you have outlined above. The letters must be current (dated after September 1 of the current academic year), on official letterhead, contain your first and last name, and be signed by the writer, who must identify his/her relationship to you (not a family member).  |

### Personal Statement

|  |
| --- |
| **In 500 words or less, please tell us about yourself, your goals, and the course of study you will pursue to reach them. Include as a separate sheet.** |

### Certifications

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 Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
*(if applicant is under age 18)*

### Application Checklist (Do not staple, please)

|  |  |
| --- | --- |
| **Please review this list and make sure you have taken care of all required parts, including attachments listed.** | ☐ **Maine Community Foundation scholarship application** **☐ Scholarship-specific information** *(complete above)***☐ 500-word personal statement** ☐ H**igh school or college fall semester transcript** ☐ **Copy of college financial aid offer** ☐ **Federal Student Aid Report (SAR)****☐ Financial Information Release Form** *(send directly to school)*☐ **Letter of Recommendation**  |

# Maine Community Foundation Scholarship Application

**Important Note:** This application must be completed **in addition to** individual requirements for each MaineCF scholarship. For scholarship-specific requirements, please visit: [www.mainecf.org/scholarship-applications](http://www.mainecf.org/scholarship-applications)

### Scholarship Name

|  |  |
| --- | --- |
| **Name of MaineCF scholarship:***Indicate which scholarship for which you are applying.* |  |

### Applicant Details

|  |  |
| --- | --- |
| **Applicant’s full name:** |  |
| **Applicant’s date of birth:** |  |
| **Applicant’s gender:** | ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose |
| **Full mailing address:** |  |
| **Phone number:** |  |
| **Email address:** |  |

### Academic Details

|  |  |
| --- | --- |
| **Current school’s name:** |  |
| **Current school’s address:** |  |
| **Class size:** |  | **Class rank/standing:** |  |
| **Latest SAT score, math:***Optional.* |  | **Latest SAT score, verbal:***Optional.* |  |
| **Grade Point Average (GPA):** |  |
| **Upcoming year in school:** | ☐ Undergraduate ☐ 1 ☐ 2 ☐ 3 ☐ 4 |
| **School/program name:** |  |
| **Degree anticipated:** | ☐ Certificate ☐ Associate’s degree ☐ BA ☐ BS ☐ Other: |
| **Major/field of study:** |  |

###  Activities

|  |  |  |  |
| --- | --- | --- | --- |
| **School activities:***Include name of activity, number of years participated and any special honors or offices for each. Attach additional sheet if necessary.* | *Activity* | *Years* | *Special honors/offices* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Community activities:***Attach additional sheet if needed.* | *List community activities* |
|  |
|  |
|  |
|  |
|  |
| **Work experience:***Include position held, period of employment and hours per week for each. Attach additional sheet if needed.* | *Position* | *Start date* | *End date* | *Hours/week* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Family Information

|  |  |
| --- | --- |
| **Who is responsible for your support?** | ☐ Mother ☐ Father ☐ Both ☐ Myself ☐ Other:  |
| **Who do you live with?** | ☐ Mother ☐ Father ☐ Both ☐ Myself ☐ Other:  |
| **Number in household:***Include parents.* |  | **Number of family members attending college next academic year:** |  |

|  |
| --- |
| **Reminder:** In addition to this application, you must complete **all** requirements for the scholarship for which you are applying. Incomplete applications will not be accepted. For scholarship-specific requirements, please visit: [www.mainecf.org/scholarship-applications](http://www.mainecf.org/scholarship-applications) |