# A logo with white text Description automatically generated Joseph W. Mayo ALS Scholarship Application

## Guidelines

### History and Purpose

In 2000, while serving as Clerk of the House, Mr. Mayo was stricken with Amyotrophic Lateral Sclerosis. Friends of Joe Mayo have established this scholarship to recognize his contributions as a father, friend, and public servant.

### Eligibility

The Joseph W. Mayo ALS Scholarship is awarded annually to a student (or students) who is attending college, community college, or other accredited post-secondary institution of higher learning. The recipient must be a graduate of a Maine high school or GED program. This scholarship assists men and women who are children, stepchildren, grandchildren, spouses, domestic partners or primary care givers of ALS patients.

### Awards

The number and the amount of the scholarships given each year shall be determined by the Board of Directors of the Maine Community Foundation and the selection committee of the Joseph W. Mayo Scholarship and will be based on the income available from the fund that year.

The award money may be used for tuition, room and board, books, lab fees and equipment. Award monies used for expenses other than tuition, books and supplies must be reported as taxable income by the recipient. It will be the recipient’s responsibility to report and pay any tax liability.

Each award will be mailed to the student’s college in December. Checks will be made payable to the school for the benefit of the student and applied to the second semester expenses.

### Administration

**All applications must be postmarked no later than May 1.** Incomplete applications or those postmarked after this date will not be processed. All information received from applicants will be treated as confidential. Award winners will be notified by the end of June and awards made in December for second semester expenses.

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| **Questions:** | **Submission Deadline:** | **Submission Address:** |
| **Maine Community Foundation** scholarships@mainecf.org | **May 1** | **Joseph W. Mayo ALS Scholarship Committee**  C/o Rebecca Wyke 51 Green Street Augusta, ME 04330 |

### Scholarship-Specific Information

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| --- | --- |
| **The Joseph W. Mayo ALS Scholarship seeks to assist men and women who are children, stepchildren, grandchildren, spouses, domestic partners or primary care givers of an ALS patient. Who in your family was diagnosed with ALS? Briefly describe your family situation and any aspects of the caregiving you may have been involved in. A separate sheet may be attached if more space is needed.** |  |
| **Please describe your educational plans. We are particularly interested in your date of graduation from high school, your educational program or subject interests, and whether or not you have been accepted at the time of scholarship application to a college, community college, or other accredited post-secondary institution of higher learning. As part of the final selection process, verification of acceptance and/or attendance at an eligible institution will be necessary to award the scholarship. A separate sheet may be attached if more space is needed.** |  |
| **Please describe your involvement with school and/or community service activities, including any associated with ALS programs.**  **A separate sheet may be attached if more space is needed.** |  |
| **Please list two persons who we can contact who know of your family’s association with ALS** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### 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

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| --- | --- |
| **Please review this list and make sure you have taken care of all required parts, including attachments listed.** | ☐ **Maine Community Foundation scholarship application** *(attach)*  **☐ Scholarship-specific information** *(complete above)*  **☐ Letter of recommendation** *(Optional)*  **☐ Financial Information Release Form** *(On MaineCF website, send directly to school)* |

# 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

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| --- | --- |
| **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:** |  |
| **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

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| --- | --- | --- | --- | --- |
| **Community activities:** *Attach additional sheet if needed.*  (OPTIONAL) | *List community activities* | | | |
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| **Work experience:**  *Include position held, period of employment and hours per week for each. Attach additional sheet if needed.*  (OPTIONAL) | *Position* | *Start date* | *End date* | *Hours/week* |
|  |  |  |  |
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### 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:** |  |

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| **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: [Available Scholarships – Maine Community Foundation](https://www.mainecf.org/find-a-scholarship/available-scholarships/) |