

# MAINE COMMUNITY FOUNDATION

## IRA M. COBE FUND

*The Maine Community Foundation, through the Ira M. Cobe Fund, is a community catalyst, partnering with like-minded organizations to raise aspirations of low-income children throughout Waldo County. The Ira M. Cobe Fund will further this vision by supporting these children through early childhood education to completion of post-secondary education.*

### COLLEGE SCHOLARSHIP PROGRAM

The Ira M. Cobe Fund was established by the estate of Chicago financier and longtime Bayside summer resident, Ira M. Cobe. Mr. Cobe and his wife, Anna Watts Cobe, a Belfast native, had a deep affection for Maine's young people. The Cobe College Program is a partnership with students pursuing post-secondary education. In considering the number and size of awards, preference will be given to students in their second, third and fourth year of post-secondary school who might not have access to high school scholarship awards available to first year students. The number of awards will be determined by the funds available for distribution each year and the number of qualified applicants.

***We welcome applications from students who meet the following Selection Criteria:***

1. A resident of Waldo County (preferably for at least one year) under the age of 23 in need of financial assistance in meeting the expenses of post-secondary educational opportunities, and
2. Family income must fall within the following guidelines:

Household size	Annual income
1	\$20,147
2	\$27,214
3	\$34,281
4	\$41,348
5	\$48,415
6	\$55,482
7	\$62,549
8	\$69,616
For each additional family member add	\$ 7,067

Selection will be made on the basis of financial need and the potential for positively impacting the student.

#### **Please Note:**

- *Families submitting multiple applications at the same time (in the same envelope!) may submit just one proof of income.*
- All applications and required information sent separately must be postmarked by May 1. Incomplete applications or those postmarked after this date will not be processed.
- All applications must be signed by the student's parent or legal guardian.
- This scholarship is need-based. A copy of the 2011 federal income tax return of the parent(s) or guardian(s) who claimed the applicant as a dependent must be submitted. A copy of a tax summary sheet or e-file submission is not sufficient unless it indicates the names of dependents claimed, as well as the family's AGI. If the tax return is not available, you must explain why and submit other proof of income.

For information regarding the Ira M. Cobe Fund, contact your school's guidance office or:

The Ira M. Cobe Fund  
c/o Maine Community Foundation  
245 Main Street  
Ellsworth, Maine 04605  
phone: (207) 667-9735 ~ toll free 877-700-6800  
www.mainecef.org

**IRA M. COBE FUND**  
**2012 COLLEGE PROGRAM APPLICATION**

All applications and required information sent separately must be postmarked by May 1. Incomplete applications or those postmarked after this date will not be processed.

**Renewal Application:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Post-secondary school for which aid is requested:** \_\_\_\_\_

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

**Mailing address at home:**

Street address or P.O. number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**High School:** \_\_\_\_\_ **Date graduated:** \_\_\_\_\_

Street address or P.O. number \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

**College (if applicable):** \_\_\_\_\_

College major: \_\_\_\_\_ College minor: \_\_\_\_\_

Name of academic advisor: \_\_\_\_\_ Dept. \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Your Mailing address at college (if applicable):**

Street address or P.O. number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**List of school activities:**

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**List of community activities:**

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**List of summer or part-time employment:**

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

**Personal Statement:** High school seniors, please tell us about yourself, what you plan to study next year and why. College students, we'd like to know about your academic and extra-curricular experiences this year. This is your opportunity to communicate with the committee. Please submit a thoughtful and thorough response.

**Financial Information:** This is a need-based scholarship, and eligible students must meet the income guidelines outlined on page 1 of this application. Requested information concerning federal tax returns and the FAFSA must be submitted in order for your application to be reviewed. If it is not available, you must explain why and submit other proof of income. Please contact us at the number below if you have any questions.

**Required Information: (Do not staple, please)**

Please submit the information requested below printed on one side only (not front and back).

- This completed Application Form
- Personal Statement
- Your official transcript from the fall semester. A printout from the internet is not acceptable. We prefer that you include your transcript with your application.
- 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.
- This scholarship is need-based. A copy of the 2011 federal income tax return of the parent(s) or guardian(s) who claimed the applicant as a dependent must be submitted. A copy of a tax summary sheet or e-file submission is not sufficient unless it indicates the names of dependents claimed, as well as the family's AGI. If the tax return is not available, you must explain why and submit other proof of income.
- A copy of your college financial aid offer when available (returning students may submit prior year letter).

**Please note:** *Families submitting multiple applications at the same time(in the same envelope!) may submit just one proof of income.*

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

I certify that I am a legal resident of Waldo County, Maine, and that all information on this form is true and complete to the best of my knowledge. I give my permission for any person listed on this application to be contacted for more information. 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 20\_\_ - \_\_ 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: \_\_\_\_\_

**All applications and required information sent separately must be postmarked by May 1 and sent to:**

The Ira M. Cobe Fund College Program  
Maine Community Foundation  
245 Main Street  
Ellsworth, ME 04605  
*phone: (207) 667-9735 ~ toll free 877-700-6800*

## 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 \_\_\_\_\_

Name of parent(s) or guardian(s) who claimed you as a dependent on previous year's federal income tax return:

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Name of parent(s) or guardian(s) who submitted the FAFSA on your behalf: \_\_\_\_\_

Number in household, including parents: \_\_\_\_\_ Ages of siblings: \_\_\_\_\_

Total number of family members attending college during the next academic year: \_\_\_\_\_

## Family Financial Information

Submit information for the parent/guardian who claimed you as a dependent on the previous year's income tax return. If your parents filed jointly, complete both portions of the income section.

Print name of Parent(s) or Guardian(s) submitting information

Parent's employer:	Mother/Guardian	Father/Guardian
Years employed:		
Parent's gross income from all sources (for previous calendar year)	\$	\$
Parent's non-taxable income (Social security, child support, welfare benefits, workers compensation, earned income credit, etc.)	\$	\$
Parent's untaxed income (Payments to IRA, Keogh, 401K or other tax deferred plans. Include foreign income exclusion.)	\$	\$
<b>Parent's Total Income</b>	\$	\$

Assets		Liabilities	
Cash in bank	\$	Credit Card Balances	\$
Savings accounts	\$	Charge Accounts	\$
Investment accounts	\$	Loans on Investments	\$
Market value of home	\$	Mortgage on home	\$
Other real estate	\$	Mortgages on other	\$
Value of Autos (show make & year)			
1)	\$	Outstanding Loan (1)	\$
2)	\$	Outstanding Loan (2)	\$
Other Assets (list)		Other Debts (list)	
	\$		\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>
<b>Net Worth</b> (Total Assets minus Total Liabilities)			<b>\$</b>

## Funds Available for Your Next Year of College

Please submit a copy of your college financial aid offer (returning students may submit prior year letter) with this application.

Family Contribution	\$
Personal Savings/Earnings	\$
Scholarships Awarded	\$
Current-year Loans	\$
Other (please explain)	\$
<b>TOTAL</b>	<b>\$</b>
Outstanding student loans:                      No. _____                      Total \$ _____	

## 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.

<b>College Budget for _____ (your college)</b>	
Tuition and Fees	\$
Room and Board	\$
Books and Materials	\$
Transportation	\$
Personal and other Expenses	\$
<b>TOTAL COST OF ATTENDANCE</b>	<b>\$</b>
Unusual Expenses (i.e. childcare/medical)	\$

Please explain any special circumstances on a separate sheet.

**All applications and required information sent separately must be postmarked by May 1 and sent to:**

Cobe Scholarship Fund  
 Maine Community Foundation  
 245 Main Street  
 Ellsworth, ME 04605  
 Tel: 207-667-9735  
[info@mainecf.org](mailto:info@mainecf.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](mailto:info@mainecf.org) Web: [www.mainecf.org](http://www.mainecf.org)**

**College/University** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

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

**REMINDER: DO NOT mail this form to Maine Community Foundation**