

Edith M. Daso and Llewellyn Barry Scholarship Trusts

Bar Harbor Trust Services, Trustee

Graduating students at Mt. Desert Island High School who do not reside on Mt. Desert Island are eligible to apply for these non-renewable awards. Selection is based on the quality of the personal statement and community service and/or employment activities. Preference is for students ranked in the top 75% of their class.

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

Name: _____

Post-secondary school for which aid is requested: _____

Home mailing address:

Street address or P.O. number _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ E-mail: _____

Mount Desert Island High School: Graduation Date: _____ **Class rank:** _____

Community Service (school and community):

Activity	Your Role	# of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you work during the school year?

_____ Yes (# of hours _____ location _____) _____ No

Summer Employment History (full or part-time)

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

Required Information: (do not staple, please)

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

- Personal statement describing yourself in business letter format. (500 words)
- A letter of recommendation from a current high school guidance counselor or teacher. The letter must be current, 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). Email letters are not acceptable.
- Your most recent official high school transcript. We prefer that you include your transcript with your application.
- This completed application form.

Funds Available for College Expenses

Funds available for your next year of college	
Family Contribution	\$
Personal Savings/Earnings	\$
Scholarships Awarded	\$
Current-year Loans	\$
Other (please explain)	\$
TOTAL	\$
Outstanding student loans: No. _____ Total \$ _____	

College Budget (Cost of Attendance)

Please complete the cost of attendance at your first choice college below. This information is available in college publications, on the web or from the financial aid office. Please provide current-year numbers.

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

Please explain any special circumstances on 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 May 1 will not be processed. All information received from applicants will be held in confidence.

I certify that I am a graduating student at Mount Desert Island High School. I understand that I may be asked to provide proof of information stated on this form, including a copy of my parent's or my prior year's U.S. Income Tax return. In addition, I hereby authorize the college I will attend in 20____ - 20____ 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: _____

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

Bar Harbor Trust Services Scholarships
Maine Community Foundation
245 Main Street
Ellsworth, ME 04605-1613

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 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:

**BHTS and Its Agent/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.