

ELVIRA A. DAVIS SCHOLARSHIP FUND

Guidelines

The Maine Community Foundation assumed responsibility for the Elvira A. Davis Trust Scholarship in May 2005. We are delighted to play a role in making this opportunity available to the residents of Denmark, Maine. We welcome your comments and questions. Please contact us at:

Maine Community Foundation
245 Main Street
Ellsworth, ME 04605
phone: (207) 667-9735 ~ toll free 877-700-6800
info@mainecf.org

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

Eligibility Requirements: To be eligible for the Elvira A. Davis Scholarship Fund, applicants must

1. be a resident of Denmark, Maine
2. be pursuing a college or university education or other post-secondary course of study that is determined to be the equivalent of a college or university education

Selection Criteria: Award consideration will be based on:

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

Awards: Annual 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 is the responsibility of the recipient to report and pay any tax liability.

All applications must be postmarked by June 1. Incomplete applications or those postmarked after this date will not be accepted. 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.

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

Elvira Davis Scholarship Fund
Denmark Town Hall
PO Box 109
62 East Main St.
Denmark, ME 04022

ELVIRA A. DAVIS SCHOLARSHIP APPLICATION

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

Name: _____

Post-secondary school for which aid is requested: _____

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

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: _____

Please tell us about yourself and the course of study you plan to pursue.

List of current school activities:

List of community activities:

List of summer or part-time employment:

Position	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).

- This completed application form.
- Your official high school or college fall semester transcript A printout from the Internet is not acceptable. We prefer that you include your transcript with your application.
- A signed 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 letter must be current (dated after January 1, 2012), 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). E-mail letters are not acceptable.
- A copy of your college financial aid offer. If this is not available by June 1, please submit when received. (Current college students may submit the previous year’s letter.)

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

I certify that I am a legal resident of Denmark, 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: _____

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Elvira Davis Scholarship Fund
Denmark Town Hall
PO Box 109
62 East Main St.
Denmark, ME 04022

College Financial Information Form

College Budget	
<i>Estimated total expenses for the coming year. Please refer to the cost of attendance budget at your first choice college. This information is available in college publications or from the financial aid office.</i>	
Tuition and Fees	\$
Room and Board	\$
Books and Materials	\$
Transportation	\$
Personal and other Expenses	\$
TOTAL EXPENSES	\$

Funds for College Expenses	
<i>Total income available for the coming year. Please list as many items as you can estimate at this time. If you have received a financial aid notice from your first choice college, refer to that and attach it to this application.</i>	
Student's income from non-college employment to be contributed	\$
Student's savings to be contributed	\$
Income from college employment (work study) to be contributed	\$
G.I. or Social Security benefits	\$
Family contribution (estimated)	\$
Scholarships from college, high school, community, etc.	\$
Loans	\$
Gifts	\$
Other income	\$
TOTAL INCOME	\$

COMMENTS:

Explain any unusual circumstances that might affect your financial need. Use a separate sheet if necessary.

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 Web: www.mainecf.org**

College/University _____

Name of Student: _____

Address: _____

Social Security No.: _____

Phone: _____

Student's Signature: _____

Date: _____

REMINDER: DO NOT MAIL this form to Maine Community Foundation