

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 April 1, please submit when received. (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 April 1 will not be processed. All information received from applicants will be held in confidence.

I certify that I am a legal resident of Sedgwick, 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 April 1 and sent to:

Ruth O. Dority Scholarship Fund
c/o Clare Grindal
138 Caterpillar Hill Rd.
Sargentville, ME 04673

Incomplete applications or those postmarked after this date will not be processed.

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