

**PHYLLIS DOW SCHOLARSHIP FUND**  
**MAPLETON UNITED METHODIST CHURCH**

The Phyllis Dow Scholarship Fund provides scholarship support to graduates of a high school within a 15-mile radius of Mapleton, Maine. Priority will be given to members of the Methodist Church in Mapleton who are attending an accredited four-year college or university.

***All applications and required information sent separately must be postmarked by April 30. Incomplete applications or those postmarked after this date will not be processed.***

Student's Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male ( ) Female ( )

**If parent/guardian will claim you as a dependent this year, please list their name.**

**Name:** \_\_\_\_\_

Name of current high school or college: \_\_\_\_\_

Address of high school or college: \_\_\_\_\_

Grade point average \_\_\_\_\_ Student Ranks \_\_\_\_\_ in a class of \_\_\_\_\_

Most recent SAT scores (optional): Math: \_\_\_\_\_ Verbal: \_\_\_\_\_

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

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

Degree anticipated: BA \_\_\_ BS \_\_\_ MA \_\_\_ PhD \_\_\_ other \_\_\_\_\_

Major field of study: \_\_\_\_\_

**Financial Aid Information:**

1. Have you been accepted to the college of your choice? \_\_\_yes \_\_\_no  
If yes, make sure you have attached a copy of your financial aid award letter.

2. Date FAFSA filed: \_\_\_\_\_

**List of School Activities (attach additional sheet if necessary)**

Activity	Number of years participating	Special honors, offices
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List Community Activities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**List of Summer or Part-time Employment:**

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

**Personal Statement:** In 500 words or less, describe your aspirations and how your educational plans relate to them. Also, please note any personal or family circumstances that you feel make you particularly eligible for a scholarship. (Attach 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 April 30 will not be processed. All information received from applicants will be held in confidence.

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 Parent/Guardian: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

Please submit the information requested below printed on one side only (not front and back). *Remember, all applications and required information sent separately must be postmarked by April 30. Incomplete applications or those postmarked after this date will not be processed.*

- This completed application form
- Your official high school or college transcript from the fall semester. A printout from the internet is not acceptable. We prefer that you include your transcript with your application.
- Copy of your college financial aid offer (if you have received it by the time of submission).
- Send a copy of the Financial Information Release Form to the school you will be attending.

**All applications & required information sent separately must be postmarked by April 30 and sent to:**

*Phyllis Dow Scholarship Fund  
Maine Community Foundation  
245 Main Street  
Ellsworth, ME 04065  
Tel: 207-667-9735  
[www.mainecef.org](http://www.mainecef.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**