

# *M. Alton French Scholarship Fund*

## *Application for Scholarship Renewal*

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):**    College Undergraduate 1 2 3 4                      Graduate 5 6 7 8

**Mailing address at home:**

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

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

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

**College:** \_\_\_\_\_

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

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

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

**Your mailing address at college:**

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

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

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

**Please submit Renewal Information requested below:**

- A typed, personal statement of 500 words telling us about your experiences at school this year and your expectations/goals for next year.
- Your official college 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.
- Your resume.
- A copy of your most recent college financial aid offer.

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 parents 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: \_\_\_\_\_

***Remember, 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.***

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

Number in household, including parents: \_\_\_\_\_

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

<b>Funds available for your next year of college</b>	
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 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.

<b>College Budget for _____ (first choice 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 June 1 and sent to:**

M. Alton French Scholarship Fund  
Maine Community Foundation  
245 Main Street, Ellsworth, ME 04605  
Phone: 1-877-700-6800

# 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)

**REMINDER: DO NOT MAIL THIS FORM TO MAINE COMMUNITY FOUNDATION.**

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

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

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

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

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

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