

Janet Davidson Hammond Medical Scholarship of the Molly Ockett Chapter, DAR

This fund supports graduating seniors from Fryeburg Academy, Lake Region High School, and Oxford Hills Comprehensive High School who plan to pursue studies in a medical field at a two-year community college or a four-year college or university. Preference will be given to applicants majoring in nursing or physical therapy.

All applications and required information sent separately must be postmarked by April 15. 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: _____

Address of high school: _____

Grade point average: _____ Student ranks _____ in a class of _____

Most recent SAT scores (optional): Math: _____ Verbal: _____

Post-secondary school for which aid is requested: _____

Degree Anticipated: BA ___ BS ___ other _____

Major field of study: _____

Financial Aid Information:

1. Have you been accepted to the college of your choice? _____yes _____no
If yes, attach a copy of your financial aid award letter.

2. Date FAFSA filed: _____

3. Please complete the attached Financial Information Form.

List of School Activities (attach additional sheet if necessary)

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

List of 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.

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 15 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 parents' and/or my prior year's U.S. Income Tax return. In addition, I hereby authorize the college I will attend in the 20__-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 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).

- This completed application form
- Your most recent official high school transcript. 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.
- Typed, personal statement in business letter format
- A signed letter of recommendation from a current teacher or guidance counselor specific to the criteria of this scholarship. The letter must be current (dated after September 1, 2011), 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.

All applications and required information sent separately must be postmarked by April 15 and sent to:

**Janet Davidson Hammond Medical Scholarship
c/o Maine Community Foundation
245 Main Street
Ellsworth, ME 04605**

Family Information

Parents' 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 _____

| 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 \$ _____ | |

Please submit a copy of your college financial aid offer (returning students may submit prior year letter) with this application.

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.

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: _____

Phone: _____

Student's Signature: _____

Date: _____

REMINDER: DO NOT mail this form to Maine Community Foundation