

# Kingsley Brown Education Fund Application For Graduate School Support

The Kingsley Brown Education Fund was established by the friends and family of Kingsley Alcid Brown to provide scholarship support for higher education at the *graduate school level* for graduates of high schools in Washington County, Maine. Applicants must be accepted into an accredited graduate degree program to receive an award.

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

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

**Graduate school for which aid is requested:** \_\_\_\_\_

**Graduate program enrolled in:** \_\_\_\_\_

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

**Upcoming year in graduate school: 1 2 3 4 (please circle)**

**High school:** \_\_\_\_\_ **Date graduated:** \_\_\_\_\_

**Location:** \_\_\_\_\_ (must be within Washington County)

**College:** \_\_\_\_\_ **Date graduated:** \_\_\_\_\_

**College Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Mailing address at home:**

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

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

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

**Your mailing address at college:** (if applicable)

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

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

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

**Work Experience:** Please list any paid work experience you have had in the past four years.

Position	Employer	Dates From-To	Salary

**Personal Statement:** in 500 words or less, please 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 1 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 \_\_\_\_ - \_\_\_\_ 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: \_\_\_\_\_

**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 college transcript. A printout from the internet is not acceptable. We prefer that you include your transcript with your application.
- A copy of your college financial aid offer (if not available by April 1, send when received and send the financial information release form to the colleges/universities that you are applying to)
- A typed, personal statement in business letter format.
- A letter of recommendation, specific to the Kingsley Brown Education Fund, from a current mentor, employer or instructor who knows you well. 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.

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

**Kingsley Brown Education Fund  
Maine Community Foundation  
245 Main Street  
Ellsworth, ME 04605  
*Phone: 207-667-9735 toll free 877-700-6800***

## Family Financial Information Form

**FAMILY CIRCUMSTANCES:**

Are you classified by the U.S. Department of Education as “independent”? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If you are, please complete this form with your own family and financial information.

Total size of parents’/your household during the next school year. Include yourself even if you do not live at home. Include siblings who receive more than half of their support from your parents. \_\_\_\_\_

Total number in family attending college at least half-time during the next school year. \_\_\_\_\_

Parent’s marital status: \_\_\_ Single \_\_\_ Separated\* \_\_\_ Divorced\* \_\_\_ Widowed \_\_\_ Married

\*If parents are separated or divorced, please list the financial information of the parent primarily responsible for the cost of education. If parents are sharing the cost, list the information of the parent the student currently lives with.

Print name of Parent or Guardian submitting information \_\_\_\_\_ Social Security Number \_\_\_\_\_

<b>Income</b>	
(Please submit this information for the previous calendar year.)	
<b>Parents’ adjusted gross income</b> (AGI-Form 1040 line 31, 1040A line 16, or 1040EZ line 4)	\$
<b>Student’s adjusted gross income</b> (Please refer to income tax lines referenced above. If you didn’t file a tax form, write how much money you earned in the most recent year.)	\$
<b>Parents’ nontaxable income</b> (Social security, child support, welfare benefits, workers compensation, earned income credit)	\$
<b>Parents’ untaxed income</b> (Payments to IRA, Keogh, 401K or other tax deferred plans. Include foreign income exclusion.)	\$
<b>TOTAL FAMILY INCOME</b>	\$

<b>Assets</b>		<b>Liabilities</b>	
Cash in bank	\$	Credit card balances	\$
Savings accounts	\$	Other consumer loans	\$
Investment accounts	\$	Loans on investments	\$
Market value of home	\$	Mortgage on home	\$
Other real estate	\$	Mortgages on other	\$
Value of autos (show make & year)			
	\$	Outstanding loan	\$
	\$	Outstanding loan	\$
	\$	Outstanding loan	\$
Other assets (list)		Other debts (list)	
	\$		\$
	\$		\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
<b>NET WORTH</b> (Total Assets minus Total Liabilities)			<b>\$</b>

## College Financial Information Form

<b>College Budget</b>	
<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	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

<b>Funds for College Expenses</b>	
<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	\$
<b>TOTAL INCOME</b>	<b>\$</b>

**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](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**