

Do you work during the school year?

____ Yes (# of hours _____ location _____) _____ No

Summer Employment History

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

Personal Statement: The selection committee would like to know what living in Washington County has taught you. Please submit a letter sharing your thoughts. (Please limit to 500 words.)

Letter of Recommendation: A signed letter of recommendation from a current faculty member or employer addressing your eligibility for the Lund 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.

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
- Personal statement
- Letter of recommendation as outlined above
- Resume
- 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.
- A copy of your college financial aid offer.

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 **May 15** will not be processed. All information received from applicants will be held in confidence.

I certify that I am a legal resident of Washington County, 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 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__ - ____ 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 May 15 and sent to:
 Marilla W. and Harold A. Lund Scholarship Fund
 Maine Community Foundation
 245 Main Street
 Ellsworth, ME 04605
phone: (207) 667-9735 ~ toll free 877-700-6800

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 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.

All applications and required information sent separately must be postmarked by May 15.

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