

## DR. JOHN & ALICE MADIGAN MEMORIAL SCHOLARSHIP FUND

The Dr. John & Alice Madigan Memorial Scholarship Fund supports graduating high school seniors at Deering and Cape Elizabeth High Schools pursuing a post-secondary degree at the University of Maine at Orono or the University of Southern Maine.

Eligible applicants must demonstrate academic achievement (cumulative 3.0 GPA), leadership in extra-curricular activities and a solid work ethic.

*All applications and required information sent separately must be postmarked by May 15. Incomplete applications or those postmarked after this date will not be processed.*

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

**Mailing Address:**

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

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

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

**High School:** \_\_\_\_\_ **Date graduated:** \_\_\_\_\_

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

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

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

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

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

**Program of Study:** \_\_\_\_\_

**Personal Statement:** What course of study do you plan to pursue at UM or USM and how will this help you achieve your professional goals? (Please submit a typed essay of no more than 500 words.)

**Extracurricular Activities:**

Describe up to four activities that are most significant to you that you have participated in during the past four years. These may include community service, clubs, sports, etc.

Activity	Leadership Position	Year(s)	Avg. Hours per Month

Please describe a goal achieved, service provided, challenge overcome, or improvement made while participating in or leading one of your club, sport, or community activities. Describe how you grew from the experience or how the club, team, or organization benefited from your leadership.

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**Employment History:** Provide your employment history for the past two years.

1. Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employment Dates: from \_\_\_\_\_ to \_\_\_\_\_ Avg. hours worked per week \_\_\_\_\_
2. Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employment Dates: from \_\_\_\_\_ to \_\_\_\_\_ Avg. hours worked per week \_\_\_\_\_

**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
- Copy of your most recent school transcript showing minimum, cumulative GPA of 3.0. A printout from the internet is not acceptable. We prefer that you include your transcript with your application.
- Copy of 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.
- Personal statement in essay or business letter format – grammar, spelling and punctuation count.
- Resume, including extra-curricular activities, community service, awards, employment and internships.
- A signed letter of recommendation from a current faculty member or employer addressing your eligibility for the Dr. John & Alice Madigan Memorial Scholarship. The letter must be current (dated after September 1, 2009), 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.

**YOUR NAME SHOULD BE ON EVERY PAGE OF EVERY ATTACHMENT**

It is the responsibility of the applicant to submit all of the required items 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 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.*

Signature of Parent/Guardian: \_\_\_\_\_

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

## 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:      \_\_\_\_\_

<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 May 15 and sent to:**

Dr. John & Alice Madigan Scholarship Fund  
Maine Community Foundation  
245 Main Street  
Ellsworth, ME 04605

# 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.**