

JOSEPH W. MAYO ALS SCHOLARSHIP APPLICATION

In 2000, while serving as Clerk of the House, Mr. Mayo was stricken with Amyotrophic Lateral Sclerosis. Friends of Joe Mayo have established this scholarship to recognize his contributions as a father, friend and public servant. This scholarship assists men and women who are children, step-children, grandchildren, spouses, domestic partners or the primary care givers of ALS patients.

The Joseph W. Mayo ALS Scholarship is awarded annually to a student (or students) who is attending college, community college, or other accredited post-secondary institution of higher learning. The recipient must be a graduate of a Maine high school or GED program

Date Prepared _____

Name of Student Applicant _____

Parents' Names _____

Student's Home Address _____

Date of Birth _____ Home Phone _____

E-mail Address _____

School _____ currently attending or a _____ graduate of: _____

Address _____

School Contact/Teacher/Guidance Counselor/Advisor _____

School Contact's Phone Number _____

Applications must be postmarked by May 1 and returned to:

Joseph W. Mayo ALS Scholarship Committee
c/o Joseph Pietroski
37 Sherwood Forest Dr.
Winthrop, ME 04364
(You may email your application to joepietroski@gmail.com)

The Joseph W. Mayo ALS Scholarship recipients will be announced in late June and awards made in December for second semester expenses. Thank you for applying.

JOSEPH W. MAYO ALS SCHOLARSHIP APPLICATION (2)

Please describe briefly the following. You may use additional sheets, which should be attached to this application.

1. The Joseph W. Mayo ALS Scholarship seeks to assist men and women who are children, step-children, grandchildren, spouses, domestic partners or primary care givers of an ALS patient. Who in your family was diagnosed with ALS? Briefly describe your family situation and any aspects of the care-giving you may have been involved in.

2. Please describe your educational plans. We are particularly interested in your date of graduation from high school, your educational program or subject interests, and whether or not you have been accepted at the time of scholarship application to a college, community college, or other accredited post-secondary institution of higher learning. As part of the final selection process, verification of acceptance and/or attendance at an eligible institution will be necessary in order to award the scholarship.

3. Please describe your involvement with school and/or community service activities, including any associated with ALS programs.

JOSEPH W. MAYO ALS SCHOLARSHIP APPLICATION (3)

Please list two persons who we can contact who know of your family's association with ALS.

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Please list two persons who we can contact who know of your educational achievement and/or educational goals.

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

You are welcome, but not required, to submit letters of support and reference along with this initial application.

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