

PATRIOT EDUCATION SCHOLARSHIP FUND

Guidelines

History

Effective July 1, 2007, Patriot Mutual Holding Company merged into Frankenmuth Mutual Insurance Company, with Frankenmuth being the surviving company and owner of Patriot's two wholly owned subsidiaries, Patriot Insurance Company and Patriot Life Insurance Company, both Maine-domiciled companies at that time. Frankenmuth, founded on the tradition of neighbor helping neighbor, is committed to supporting graduates of Maine high schools pursuing a degree in business at a college or university in Maine, and, to that end, has established the Patriot Education Scholarship Fund at the Maine Community Foundation.

Eligibility Criteria. Eligible students are:

1. Graduates of a Maine high school who are currently enrolled in a college or university in Maine
2. Pursuing a degree in business as a full-time student

Preference will be given to applicants who have a demonstrated interest in personal and commercial insurance professions

Selection Criteria

1. Evidence of sustained excellence in academic performance (minimum, cumulative GPA of 3.0)
2. Evidence of a student's serious commitment to the insurance industry, as demonstrated by work/internship experience, coop programs, relevant coursework
3. Evidence of financial need in the form of the Free Application for Federal Student Aid (FAFSA) Estimated Family Contribution (EFC) determination and college/university financial aid offer

Awards: Annual awards will typically be up to \$5,000. Recipients are encouraged to apply for renewal consideration. Preference will be given to the recipients of prior awards from the Patriot Education Scholarship Fund who are enrolled in and attempting to complete an undergraduate program.

Award monies used for expenses other than tuition, books and supplies must be reported as taxable income by the recipient. It is the responsibility of the recipient to report and pay any tax liability.

All applications and required information sent separately must be postmarked by June 1. Incomplete applications or those postmarked after this date will not be processed. All information received from applicants will be treated as confidential.

Renewal Application: yes no

Name: _____

Post-secondary school for which aid is requested: _____

Upcoming year in school (circle): Undergraduate 2 3 4

Mailing address at home:

Street address or P.O. box number _____

City: _____ State: _____ Zip code: _____ County: _____

Phone: _____ Cell: _____ E-mail: _____

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High school: _____ **Date graduated:** _____

Street address or P.O. box number _____

City: _____ State: ME Zip code: _____

Phone: _____

College: _____

College major: _____ College minor: _____

Name of academic advisor: _____ Dept. _____

Phone: _____ E-mail: _____

Your mailing address at college:

Street address or P.O. box number: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ E-mail: _____

Personal Letter: Please submit a letter about yourself, about your goals and how you plan to achieve them, plus anything else you want to share. Please address your experience in and commitment to a career in the insurance industry specifically. Renewal applicants, please tell us about the progress you have made and challenges faced in the past year as well as your continued commitment to a career in the insurance industry. There is no required minimum word count, but your letter must be typed, and should not exceed two pages double-spaced.

Letter of Recommendation: Please submit a nomination letter specific to the Patriot Education Scholarship from a current teacher or employer detailing your accomplishments and commitment to a major in business and a career in the insurance industry. 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.

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 official school transcript from the fall semester showing cumulative GPA to date. 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.
- Personal letter.
- A signed, current year recommendation letter
- Resume
- A copy of your college financial aid offer (please send when available)

It is the applicant's responsibility to ensure that all of the required items are submitted on or before the application deadline. Incomplete applications or those postmarked after June 1 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:

Experience in business, preferably the insurance industry, is an important complement to your coursework. Please complete this section even though you are including your resume. Please print clearly.

BUSINESS- AND INSURANCE-RELATED EXPERIENCE

HIGH SCHOOL

Company/Positions (dates): _____

Contact: _____
Name Phone

COLLEGE

Company/Positions (dates): _____

Contact: _____
Name Phone

Internship

Organization: _____
Name Location

Positions Held (dates): _____

Supervisor: _____
Name Phone

Other Relevant Activities:

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 \$ _____	

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 June 1 and sent to:

Patriot Education Scholarship Fund
 Maine Community Foundation
 245 Main Street
 Ellsworth, ME 04605
 Tel: 877-700-6800 (toll free)

FINANCIAL INFORMATION RELEASE FORM

Please fill out and mail this form to your college or university financial aid office, *not* to the 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: Please fill out the information below and mail this form to your college or university financial aid office.

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: _____

Social Security No.: _____

Phone: _____

Student's Signature: _____

Date: _____

REMINDER: DO NOT mail this form to Maine Community Foundation.