

# JAMES AND MARILYN ROCKEFELLER SCHOLARSHIP FUND

*For those who, by circumstance or design, are on a “road less traveled” and are seeking traditional or nontraditional educational experiences that will change their life and the lives of people around them.*

If you are a resident of Knox, Waldo, or Washington Counties with a passion to learn, to reinvent yourself, to expand your possibilities and what you share with your world, read on! We are looking for applicants who have encountered circumstances that required uncommon tenacity, focus, hope and humor, and/or who are choosing to pursue a meaningful life change that requires additional education. These applicants will demonstrate a determination to succeed, are serious about learning and have a plan to achieve their goal. A plan is essential to reaching your goal.

It’s important that applicants share time with their Maine community. Why is community involvement important to you? What has it taught you?

So, how will you set about your plan? Or, maybe you already have. Does it take you to an accredited college or training program? Is it a self-directed, nontraditional learning experience, perhaps a writing workshop, dance studio, apprenticeship or ...? What’s the best learning environment for you? An equally important question is: How will you finance your plan?

Eligible applicants to the James and Marilyn Rockefeller Scholarship Fund are residents of Knox, Waldo, or Washington Counties aged 18 and over who are able to:

- Demonstrate a passion for learning, whether in a traditional classroom setting or in a less structured environment
- Demonstrate uncommon tenacity, focus, hope and humor by sharing a portion of their life story
- Explain their goal
- Explain their plan (academic and financial) to achieve the goal
- Demonstrate a long-term commitment to Maine and involvement in its communities

Please note the application deadline is postmarked by May 15. Scholarship awards are made for the current year, which is July 1 through June 30. Awards are not retroactive. Recipients are invited to apply for renewal consideration. All information received from applicants will be held in confidence.

The James and Marilyn Rockefeller Scholarship Fund is administered by the Maine Community Foundation. For more information, please call 1-877-700-6800 or visit [www.mainecef.org](http://www.mainecef.org).

***For students who have not encountered the circumstances referred to above, we wish you the best of luck, but this scholarship is not for you. Please visit MaineCF’s website, [www.mainecef.org](http://www.mainecef.org), to explore other scholarship opportunities.***

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

**Mailing address:**

County: \_\_\_\_\_

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

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

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

## JAMES AND MARILYN ROCKEFELLER SCHOLARSHIP FUND (page 2)

### **Required Information: (do not staple, please)**

Please submit the information requested below printed on one side only (not front and back). *Remember, 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.*

- Completed application form
  - Please note the information requested on page 3.
  - Please submit either page 4 or page 5, but not both.
- Personal statement in essay or business letter format – grammar, spelling and punctuation count.
- Two letters of recommendation specific to the Rockefeller scholarship. The letters must be current (dated after January 1, 2010), 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.
- If you are requesting support for an accredited college or training program:
  - A copy of your most recent high school or college transcript. A printout from the internet is not acceptable. We prefer that you include your transcript with your application.
  - A 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.
  - A copy of your college financial aid offer (current year acceptable).
- If you are requesting support for a self-directed or nontraditional learning experience:
  - A letter of acceptance from the organization sponsoring the program, *OR*
  - A letter of commitment from the mentor with whom you will be working.
- Applicants whose plan includes visual arts are invited to submit up to four examples of their work. We prefer photographs or PowerPoint submissions.

**Personal Statement:** Please share with the Rockefeller Scholarship Advisory Committee how you envision your life will be different if you pursue this course of study. Do you believe your experience will enrich your community involvement? There is no required minimum word count, but your letter must be typed, and should not exceed two pages double-spaced.

**Letters of Recommendation:** Please submit two letters of recommendation specific to the Rockefeller Scholarship that explain your demonstrated ability to set and achieve a goal, including an example or two. We want to know what sets you apart from other applicants. One letter should be from a person you identify as a role model. The letters must be current (dated after January 1, 2010), 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.

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 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 returns.

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

**All applications and required information sent separately must be postmarked by May 15 and sent to:**

James and Marilyn Rockefeller Scholarship Fund  
Maine Community Foundation  
245 Main Street  
Ellsworth, ME 04605  
1-877-700-6800

**Supplemental Information**

*We are looking for applicants who have encountered circumstances that required uncommon tenacity, focus, hope and humor, and/or who are choosing to pursue a meaningful life change that requires additional education. These applicants will demonstrate a determination to succeed, are serious about learning and have academic and financial plans to achieve their goal. These plans are essential to reaching your goal.*

*It's important that applicants share time with their Maine community. Why is community involvement important to you? What has it taught you?*

Please submit answers to all of the questions below with this application. Your response for each section must be typed and should not exceed one page double-spaced. Please put your name on each page.

**Section 1. The Goal**

- What is your goal?
- Why are you pursuing this particular goal?
- What is your academic plan to succeed?
- The committee will give preference to those applicants whose financial plans are sound. A realistic financial plan is based on your real assets and financial aid package. Please address how you will meet the cost of your living expenses and education specifically in the coming year and more generally over the course of your education.
- What is your timeline?
- How have your past experiences prepared you for this step?

**Section 2. Community Involvement**

- Describe your involvement in your community.
- What has this experience(s) taught you about yourself and your community?
- What difference do you believe you have made....would like to make?
- Explain your long-term commitment to Maine and involvement in its communities.

**Employment History: Please complete the section(s) appropriate to your current situation.**

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

Current Academic Year (include work study) Position	Period of Employment	Hours per week
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

Summer (previous two) Position	Period of Employment	Hours per week
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

**Enrollment at an Accredited College or Training Program\***

Scholarship awards are made for the current year, which is July 1 through June 30. Awards are not retroactive. Scholarships are typically paid in December for second semester expenses.

**Course of study for which aid is requested:** \_\_\_\_\_

**Upcoming year (circle):** Undergraduate 1 2 3 4 Graduate 5 6 7 8

Enrolled: Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_

College/Training Program: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_

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

<b>COLLEGE or TRAINING PROGRAM</b>			
<b>Financial Summary for the CURRENT Year (July 1 through June 30)</b>			
Funds Available		Budget (cost of attendance)	
Family Contribution	\$ _____	Tuition and Fees	\$ _____
Personal Savings/Earnings	\$ _____	Room and Board	\$ _____
Scholarships Awarded	\$ _____	Books and Materials	\$ _____
Current-year Loans	\$ _____	Transportation	\$ _____
Other (please explain)	\$ _____	Personal and other Expenses	\$ _____
<b>TOTAL</b>	\$ _____	<b>TOTAL</b>	\$ _____
Outstanding student loans: #____	\$ _____	Unusual Expenses (explain)	\$ _____

**Total Estimated Expenses of this education:**

- 1. Tuition and Fees \$ \_\_\_\_\_
- 2. Room and Board \$ \_\_\_\_\_
- 3. Books and Materials \$ \_\_\_\_\_
- 4. Transportation \$ \_\_\_\_\_
- 5. Personal and other Expenses \$ \_\_\_\_\_
- Total expenses (lines 1-5) \$ \_\_\_\_\_

\*Students must be enrolled in a program that is accredited by a national recognized accreditation agency. Please contact Jean Warren at [jwarren@mainecf.org](mailto:jwarren@mainecf.org) if you have any questions concerning your educational opportunity.

**Please submit either page 4 or page 5, but not both.**

**Self-directed, Nontraditional Learning Experience**

Scholarship awards are made for the current year, which is July 1 through June 30. Awards are not retroactive. Please limit your request to one (1) learning experience.

**Experience:** \_\_\_\_\_

Timeline:            Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Name of organization or mentor: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Estimated Expenses for the current year:**

- 1. Cost of experience \$ \_\_\_\_\_
- 2. Travel expenses (i.e., airfare) \$ \_\_\_\_\_
- 3. Incidentals (please explain) \$ \_\_\_\_\_
- Total expenses (lines 1-3) \$ \_\_\_\_\_

**Total Income Available for the current year:**

- 1. Financial aid from sponsoring organization: \$ \_\_\_\_\_
- 2. Financial aid from community sources: \$ \_\_\_\_\_
- 3. Your contribution from savings or work: \$ \_\_\_\_\_
- 4. Contribution from others: \$ \_\_\_\_\_
- Total funds available (lines 1-4): \$ \_\_\_\_\_

**Amount of aid requested** \$ \_\_\_\_\_

**Total Estimated Expenses of the Learning Experience**

- 1. Cost of experience \$ \_\_\_\_\_
- 2. Travel expenses (i.e., airfare) \$ \_\_\_\_\_
- 3. Incidentals (please explain) \$ \_\_\_\_\_
- Total expenses (lines 1-3) \$ \_\_\_\_\_

***What is the specific learning component of this experience?***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION RELEASE FORM**

**\*\* PLEASE FILL OUT AND MAIL THIS FORM TO YOUR \*\*  
COLLEGE TRAINING PROGRAM 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.**