



STEPHEN L. ROSS SCHOLARSHIP FUND

Guidelines

History and Purpose: The Stephen L. Ross Scholarship Fund was established in memory of Stephen L. Ross, son of Lewis and Geraldine Ross and resident of Chebeague Island, killed in an automobile accident in 1964. The purpose of the fund is to provide scholarship assistance to students residing on Chebeague Island, Maine, to obtain education or training beyond high school.

Eligibility Requirements: Eligible applicants are residents of Chebeague Island for at least six months prior to May 1 of the year in which a scholarship is sought. Applicants must be members of the senior class of an accredited high school or about to enter their second consecutive year of education or training beyond high school.

Awards: Each year, the program will award two or more renewable (once) scholarships. Awards will be based on demonstrated qualification for higher education and financial need.

The award money may be used for tuition, room and board, books, lab fees, and equipment. However, 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 May 1. Incomplete applications or those postmarked after this date will not be processed. All information received from applicants will be treated as confidential. Award winners will be notified by June 15.

Each award will be mailed to the school in December. Checks will be made payable jointly to the student and the school and be applied to the second semester expenses.

All applications and required information sent separately must be postmarked by May 1 and sent to:

Stephen L. Ross Scholarship Fund
Maine Community Foundation
245 Main Street
Ellsworth, ME 04605-1613

Stephen L. Ross Scholarship Fund Application

The Stephen L. Ross Scholarship Fund provides scholarship assistance to residents of Chebeague Island, Maine, who are pursuing higher education or training.

All applications and required information sent separately must be postmarked by May 1. Incomplete applications or those postmarked after this date will not be processed.

Student's Name: _____

Home Mailing Address: _____

Phone: _____ Cell: _____ E-mail: _____

Date of Birth: _____/_____/_____ Male () Female ()

If parent/guardian will claim you as a dependent this year, please list their name:

Name: _____

Name of current high school or college: _____

Address of high school or college: _____

Grade point average _____ Student ranks _____ in a class of _____

Most recent SAT scores (optional): Math: _____ Verbal: _____

Post-secondary school for which aid is requested: _____

Upcoming year in school (circle) Undergraduate 1 2 3 4 Graduate 5 6 7 8

Degree Anticipated: BA___ BS___ MA___ PhD___ other _____

Major field of study: _____

Financial Aid Information:

1. Have you been accepted to the college of your choice? ____yes ____no
If yes, make sure you have attached a copy of your financial aid award letter.

2. Date FAFSA filed: _____

List of School Activities (attach additional sheet if necessary)

Activity	Number of years participating	Special honors, offices
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List of Community Activities: _____

List of Summer or Part-time Employment:

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

Personal Statement: in 500 words or less, describe your aspirations and how your educational plans relate to them. Also, please note any personal or family circumstances that you feel make you particularly eligible for a scholarship. (Attach a separate sheet).

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 1 will not be processed. All information received from applicants will be held in confidence.

I certify that I am a legal resident of the State of Maine and for at least six months immediately preceding May 1 of this year I have been a resident of Chebeague Island, Maine, 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. In addition, I hereby authorize the college I will attend in the 20__-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 Parent/Guardian: _____

Signature of Applicant: _____

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 1. Incomplete applications or those postmarked after this date will not be processed.*

- This completed application form
- Your most recent official high school or college (fall semester) transcript. A printout from the internet is not acceptable. We prefer that you include your transcript with your application.
- Typed personal statement in essay or business letter format
- A copy of your college financial aid offer (returning students may submit prior year letter).

All applications and required information sent separately must be postmarked by May 1 and sent to:

Stephen L. Ross Scholarship Fund
Maine Community Foundation
245 Main Street
Ellsworth, ME 04605-1613

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)	\$

Funds for College Expenses	
<i>Total income available for the coming year. Please list as many items as you can estimate at this time. If you have received a financial aid notice from your first choice college, refer to that and attach it to this application.</i>	
Student's income from non-college employment to be contributed	\$
Student's savings to be contributed	\$
Income from college employment (work study) to be contributed	\$
G.I. or Social Security benefits	\$
Family contribution (estimated)	\$
Scholarships from college, high school, community, etc.	\$
Loans	\$
Gifts	\$
Other income	\$
TOTAL INCOME	\$
Scholarship amount requested from Stephen L. Ross Scholarship Fund	\$

COMMENTS:

Explain any unusual circumstances that might affect your financial need. Use a separate sheet if necessary.

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