

Erin Elizabeth Sperrey Memorial Scholarship

Eligible applicants are graduating seniors at Aroostook County high schools who are pursuing a degree in early childhood education (preschool) or Liberal Arts (i.e. majoring in education, art/music, or languages rather than the sciences). Preference is given to students who have successfully completed an alternative high school program. Academic excellence is not a prerequisite, but *demonstrated* personal growth and pursuit of a post-secondary education are. Please complete each section of this application completely and thoughtfully.

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.

Name: _____

Address:

Street address or P.O. number: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ E-mail: _____

High school: _____

Street address or P.O. number: _____

City: _____ State: _____ Zip code: _____

Contact: _____ Phone: _____

Alternative high school program (if applicable): _____

Dates Attended: _____ Contact/Phone: _____

Post-secondary school for which aid is requested: _____

Anticipated major: _____ Degree program: _____

Please tell us why you have decided to pursue a degree in early childhood education or Liberal Arts.

How have you prepared yourself for this field of study (what courses have your taken, etc.)?

Extracurricular Activities (school and community):

Activity	Your Role	# of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you work during the school year?

_____ Yes (# of hours _____ location _____) _____ No

Summer Employment History

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

Personal Statement

The Erin Elizabeth Sperrey Memorial Scholarship is presented to students who have achieved success despite hardship, adversity or disability. How have you created opportunity in your life? Please be specific. We'd like to know what challenge(s) you overcame and who provided inspiration and guidance to you. How has your experience changed how you think about your future? (Please limit to 500 words.)

Personal Interview

The selection committee may decide to interview applicants. If this is the case, you will be notified.

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 personal statement
- ❖ A copy of your transcript or summary of classes taken during high school
- ❖ A signed letter of recommendation from a faculty member at your high school/alternative program relevant to your eligibility for the Erin Elizabeth Sperrey 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.

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 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: _____

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

**Erin Elizabeth Sperrey Memorial Scholarship Fund
c/o Johna Lovely
738 State Rd.
Mapleton, ME 04757**

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.