



Please share the highlights of your current (within the past three years) community service with us.

**Volunteer History**

<b>Organization</b>	<b>Your Role</b>	<b># of Years</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Do you work during the academic year (include work study)?**

\_\_\_\_ Yes (# of hours \_\_\_\_\_ location \_\_\_\_\_) \_\_\_\_\_ No

**Employment History**

<b>Position held</b>	<b>Period of Employment</b>	<b>Hours per week</b>
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

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 I am a legal resident of the State of Maine and 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 \_\_\_\_ - \_\_\_\_ 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: \_\_\_\_\_ Date \_\_\_\_\_

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

**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 most recent official school transcript showing GPA. 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.
- 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 15 and sent to:**

Spurling Scholarship Fund  
Maine Community Foundation  
245 Main Street, Ellsworth, ME 04605

## 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.

<b>College Budget for _____</b>	<b>(first choice college)</b>
Tuition and Fees	\$
Room and Board	\$
Books and Materials	\$
Transportation	\$
Personal and other Expenses	\$
<b>TOTAL COST OF ATTENDANCE</b>	<b>\$</b>
Unusual Expenses (i.e. childcare/medical)	\$

<b>Funds for College Expenses</b>	
<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	\$
<b>TOTAL INCOME</b>	<b>\$</b>

**COMMENTS:**

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

# FINANCIAL INFORMATION RELEASE FORM

**\*\* PLEASE MAIL THIS COMPLETED FORM TO YOUR \*\*  
COLLEGE FINANCIAL AID OFFICE**

**DO NOT MAIL 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**