

# SWANS ISLAND EDUCATIONAL ACHIEVEMENT TRUST FUND APPLICATION

The Swans Island Educational Achievement Trust Fund was established in 1997 to provide scholarship support for permanent residents of Swans Island who wish to further their education beyond high school at college, vocational, or technical schools. Awards will be made based on scholarship, achievement, service to the community, and financial need. The scholarship is renewable for a maximum of four years based on the continued performance and need of the student. The scholarships are not limited to recent high school graduates.

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

Town/Zip \_\_\_\_\_ Resident of this town since: \_\_\_\_\_

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

Name & phone of high school: \_\_\_\_\_

Year of graduation from high school: \_\_\_\_\_

Grade point average (most recent) \_\_\_\_\_ Student ranks \_\_\_\_\_ in a class of \_\_\_\_\_

Most recent SAT scores (optional): Math: \_\_\_\_\_ Verbal: \_\_\_\_\_

College or vocational school for which aid is requested: \_\_\_\_\_

Phone and address of college or vocational school: \_\_\_\_\_

Upcoming year in school (circle one): UNDERGRADUATE: 1 2 3 4

Major field of study: \_\_\_\_\_

School Activities (attach additional sheet if necessary)

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

Community Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 permanent resident of Swans Island, 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 or vocational school I will attend in the \_\_\_\_ - \_\_\_\_ school year to release information on financial aid awarded to me by the college or vocational school 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
- Copy of your most recent school transcript showing GPA to date. A printout from the internet is not acceptable. We prefer that you include your transcript with your application.
- A typed, personal statement in essay or business letter format – grammar, spelling, and punctuation count.
- A letter of recommendation from a guidance counselor or other adult mentor. The letter 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.
- 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:**

Swans Island Educational Achievement Scholarship  
Maine Community Foundation  
245 Main Street  
Ellsworth, ME 04605-1613

## 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: \_\_\_\_\_

<b>Funds available for your next year of college</b>	
Family Contribution	\$ _____
Personal Savings/Earnings	\$ _____
Scholarships Awarded	\$ _____
Current-year Loans	\$ _____
Other (please explain)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>
Outstanding student loans:                  No. _____          Total \$ _____	
Estimated Family Contribution from Federal Student Aid Report    \$ _____	

Please submit a copy of your college financial aid offer (returning students may submit prior year letter) with this application.

## 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 _____ (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)	\$ _____

Please explain any special circumstances on a separate sheet.

# 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](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.**