**Corporal Eugene Cole Scholarship Fund**

***Deadline April 20***

The Corporal Eugene Cole Scholarship Fund was established in 2019 as a way for Eugene’s family, friends and law enforcement brothers and sisters to continue his passion for the field. This scholarship supports residents of Somerset County seeking post-graduate study to pursue a career in the field of law enforcement. Such careers may include, but are not limited to: police officer, accident/crime reconstruction, sketch artist, forensics, cybercrimes, computer analysis, and criminal justice. Anything that involves law enforcement or public safety will be considered. Adults returning to school in the field of law enforcement are welcome to apply.

Student’s name:

Home mailing address:

Phone: Cell: E-mail:

Date of birth: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Male ( ) Female ( ) Other ( ) Prefer not to answer ( )

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

**Name:**

High School

Town of high school:

Grade point average: \_\_\_\_\_\_\_\_ Graduation Year \_\_\_\_\_\_\_\_\_

I am applying for (check one and provide start date):

\_\_\_\_ a certificate program in the law enforcement field – Start date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ an Associate’s degree in the law enforcement field – Start date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ a Bachelor’s degree in the law enforcement field– Start date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What, specifically, do you want to do in the law enforcement field? ­­­­­­­­­­­­­­­­

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

Have you been accepted and/or registered? \_\_\_\_\_yes \_\_\_\_\_no

School Activities (current graduating seniors or college students) (attach additional sheet if necessary)

Activity Number of years participating Special honors, offices

Community Activities:

Employment:

 Position held Period of Employment Hours per week

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Statement:** In the space below, describe your aspirations or accomplishments in the field of law enforcement and how this opportunity relates to them. Also, please note any personal or family circumstances that you feel make you particularly eligible for a scholarship.

Family Information

Parents’ current marital status: single married separated divorced widowed

Your current marital status: single married separated divorced widowed

Who is responsible for your support? mother father both myself other

Who do you live with? mother father both myself other

Number in household, including parents:

Total number of family members who will be

attending college during the next academic year

If you have not received your financial aid award letter for next year, please enter the amounts from your current year of study, or amounts you anticipate are reasonably true for next year

|  |
| --- |
| **Funds available for College**  |
|  Family Contribution  | $ |
|  Personal Savings/Earnings | $ |
|  Grants and Scholarships awarded by your college or the government | $ |
|  Outside scholarships (from organizations, foundations, high school, etc.) | $ |
|  Work-Study | $ |
| Stafford and /or Perkins Loans | $ |
| Other loans for school | $ |
| TOTAL available funds for next year (add all) | $ |
| Outstanding loans for education to date: No. Total $\_\_\_\_\_\_\_\_\_\_ |  |

**College Budget (Cost of Attendance)**

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. 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) | $ |

**Please explain any special circumstances on 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 April 20 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 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 Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian if applicant is below 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 high school or college transcript. .

 Typed, personal statement in business letter format

 A signed letter of recommendation specific to the criteria of this scholarship. The letter must be dated after September 1, 2023 be 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 any financial aid offer from your school

**All applications and required information sent separately**

**must be emailed by April 20 to:**

**cplcolescholarship@gmail.com**

**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 Funds Manager**

 **245 Main Street**

 **Ellsworth, ME 04605-1613**

 **Tel: 207-412-2004**

 **Fax: 207-667-0447**

 **E-mail:** **jshannon@mainecf.org** **Web:** [**www.mainecf.org**](http://www.mainecf.org)

**College/University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**REMINDER: DO NOT MAIL this form to Maine Community Foundation**