### Application for the Peter Geiger/Montello Scholarship Fund

This Fund encourages students of Montello Elementary School in Lewiston, Maine, to plan for college by supporting their pursuit of post-secondary education at a two- or four-year college. Eligible recipients will be graduating high school seniors who attended Montello Elementary School for a minimum of three (3) years, with a preference for students who were enrolled in the fourth, fifth and sixth grades. Eligible students need to be enrolled full-time though need not have graduated from a high school in Maine, but will demonstrate:

* Financial need;
* The ability to succeed in college with preference for hard-working students not necessarily ranked at the top of their high school class;
* Well-rounded participation in school and community activities. In particular the committee seeks students who eagerly devote more than the minimum required amount of time to their activities and who are multi-faceted
* This is a renewable scholarship. If you have received this scholarship in the past, please send an essay and your most recent transcript to the address on the application for consideration.

Student’s name:

Home mailing address:

Phone: Cell: E-mail:

Date of birth: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Male ( ) Female ( )

During what time period did you attend Montello Elementary School? \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name:**

Name of current high school:

Address of high school:

Grade point average: \_\_\_\_\_\_\_\_ Student ranks\_\_\_\_\_\_ in a class of \_\_\_\_\_\_\_

Post-secondary school for which aid is requested:

Degree Anticipated: BA\_\_\_ BS\_\_\_ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major field of study:

Are you a first generation college student (A student with neither parent having any education beyond high school.)? \_\_\_\_\_Yes \_\_\_\_No

Financial Aid Information:

1. Have you been accepted to the college of your choice? \_\_\_\_\_yes \_\_\_\_\_no

If yes, attach a copy of your financial aid award letter.

2. Date FAFSA filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please complete the attached Financial Information Form.

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:** Sir Winston Churchill once said, “We make a living by what we get, but we make a life by what we give.”  In 500 words or less, please tell the committee: With the help of your degree, what will you make of your life?

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. 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).

This completed application form with personal statement.

Your most recent official high school transcript. Please 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 signed letter of recommendation from a current teacher or guidance counselor specific to the criteria of this scholarship. The letter must be current (dated after September 1, 2023), 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.

**All applications and required information must be postmarked by May 1. Incomplete applications or those postmarked after May 1 will not be processed. Please mail completed applications to:**

**Peter Geiger/Montello Scholarship Fund**

**Geiger**

**P.O. Box 1609**

**Lewiston, ME 04240**

# 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

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 your NEXT year of college** | |
| Family Contribution | $ |
| Personal Savings/Earnings | $ |
| Grants and Scholarships awarded by your college or the government | $ |
| Outside scholarships (from organizations, foundations, high school, etc.) | $ |
| WorkStudy | $ |
| 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 $\_\_\_\_\_\_\_\_\_\_ |  |

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.

|  |  |
| --- | --- |
| **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.**

**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: 207-412-2004 or toll free 877-700-6800**

**Fax: 207-667-0447**

**E-mail: jshannon@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**