#### http://www.franklinnetwork.org/gfx/FCCCN-header1.jpg MaineCF 2015 logo 300ppi.jpg

#### **Hugh & Elizabeth Montgomery & fcNET Scholarships**

# These renewable scholarships support residents of Franklin County who are adult learners (beyond high-school age) returning to school to continue their education at the post-secondary level. Preference is given to students for whom a scholarship would make a significant difference in their ability to attend school.

## Deadlines: Postmarked by May 19, 2024, and October 20, 2024

## NOTE: Requests for summer classes need to meet the October deadline!

**Name:**

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

City: State: Zip code:

Phone: E-mail:

**Post-secondary school or program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street address

City: State: Zip code:

**Enrolled:** Part-time: \_\_\_\_ Full time\_\_\_\_ Are you in a degree granting program? **\_\_\_\_**Yes \_\_\_\_\_\_ No

**Please list the course name(s) and dates for the next semester only (use an additional piece of paper if necessary):**

**Course name and number: \_\_\_\_\_\_\_\_\_\_\_\_\_Dates of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course name and number: \_\_\_\_\_\_\_\_\_\_\_\_ Dates of class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Costs: Tuition: $\_\_\_\_ + Fees: $\_\_\_\_\_ + Books: $\_\_\_\_ = Total Cost $ \_\_\_\_\_\_\_\_\_**

**Total Cost $\_\_\_\_\_\_\_ - Family Contribution/Grants/Scholarships $\_\_ = NEED $\_ \_**

**How long have you lived in Maine?** \_\_\_\_\_\_\_\_\_\_\_

**Date of high school graduation, HiSet GED or adult diploma:**

**Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Position: Period of Employment:

Does your employer offer a tuition reimbursement program? \_\_\_\_\_Yes \_\_\_\_\_\_No

Your application must include the following (**Incomplete applications will not be considered):**

1. **Personal Statement**: Please tell us why you’ve chosen your particular course of study and how it will help you achieve your career goals. Describe your support system to help you attain your goals. Are there additional supports you will need? (Childcare, transportation, etc.). *Please limit to 500 words*.
2. **Letter of Recommendation:** Please submit a signed letter of recommendation from a teacher, employer, professional contact or friend in support of your application. The letter must be current, 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). Email letters are not acceptable.
3. A copy of your college financial aid offer **if you are in a degree program.**

Signature of Applicant:

 (*I certify the above information is accurate)*

**OR**

Please submit completed applications to: **Tania S. Dawson**

Scan and email it to:

tania.dawson@mainehealth.org

 Franklin Memorial Hospital

 111 Franklin Health Commons

 Farmington, ME 04938

 (207) 779-2554

**FINANCIAL INFORMATION RELEASE FORM**

**\* \* PLEASE FILL OUT AND MAIL THIS FORM TO YOUR \* \***

**POST SECONDARY SCHOOL OR PROGRAM**

**ATTENTION: Financial Aid Officer**

**The student named below is applying for a 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.**

**ATTENTION: Scholarship Applicant**

**I authorize release of financial aid award information to:**

**Maine Community Foundation**

**Scholarship Coordinator**

**245 Main Street**

**Ellsworth, ME 04605-1613**

**207-667-9735 or 877-700-6800**

**Fax: 207-667-0447**

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

**College/University/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**Student ID or Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**REMINDER: Please mail to your College /University or Program**