Maine Community Foundation

SWANS ISLAND EDUCATIONAL ACHIEVEMENT TRUST

Resident Adult Learners’ Scholarship

This scholarship is for non-traditional students who are residents of Swans Island, Maine who want to change their life for the better through education and training.  The scholarship supports a range of degree, training, certificate, and other non-degree programs.

This application has a rolling deadline; decisions will be made within two weeks of submission. Please apply at least a month before your program begins to allow time for processing your award.  **We cannot fund programs that have already started.**   ***Incomplete applications will not be processed.***

Applicant’s Name:

Home mailing address:

Town/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of Swans Island since:

Phone: Cell: E-mail:

School or training program for which aid is requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start and end dates of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

Town and state of school or training program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total cost of school or training program: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to pay any of this cost yourself, and if so, how much? Yes \_\_\_ No\_\_\_ $\_\_\_\_\_\_\_\_\_

Are you currently employed? Yes\_\_\_    No\_\_\_

Who is your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your position or title? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you worked there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please share with the Swans Island Advisory Committee how your life will be different if you pursue this course of study.** You may answer these questions on a separate sheet of paper to submit with your application.

* What is your goal and why are you pursuing it?

* Why have you chosen this program?

* What challenges do you see ahead? What is your plan to succeed?

* How will you meet the cost of this training program?

APPLICATION CONTINUES ON PAGE 2

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.

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

**All applications must be sent to:**

Swans Island Resident Adult Learner Scholarship

Town of Swans Island

PO Box 11

Swans Island, ME 04685

Questions may be sent to **Jackie Shannon**, Scholarship Manager at Maine Community Foundation at jshannon@mainecf.org