Application for SweetMoore Scholarship

This application is for the SweetMoore fund at the Maine Community Foundation to support residents of the Greenville area in pursuing a post-secondary education.

Eligible applicants will:

- Reside in the geographic area served by the Greenville School System, including but not limited to Greenville, Beaver Cover, Shirley, Harford's Point Township, Lily Bay Township, and Rockwood Township;
- Be pursuing an education in the trades. The "trades" could include, but is not limited to EMT training, beautician, auto mechanics, accounting, business, welding, computer science, electrician, plumber, or HVAC technician.

| This scholarship is renewable. If so desired, the committee may ask applicants for an interview. |
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| Student's name: |
| Home mailing address: |
| Phone: Cell: E-mail: |
| Date of birth:/ Male () Female () |
| 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: certificate AS AA other |
| Major field of study: |
| Financial Aid Information: |
| Have you been accepted to the college of your choice?yesno 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 |
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| List of Community Activities: |

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| Lis | t of Summer or Part-time | Employment: | |
|--------------------|---|--|--|
| | Position held | Period of Employment | · Hours per week |
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| 1. 7 | Tells us about yourself | ommittee would like a personal lette | |
| 3. (| Gives us information on ye | our work experience, internship, and | d classes that you have taken in your trade of |
| cho | oice, if any. | | |
| | | a your life that taught you, what you | consider to be, a lesson you will remember for |
| | ur life. Tells us about another inte | rest you have that you will carry on | through your lifetime and why. |
| | | - | |
| app | olication deadline. Incomp | applicant to ensure that all of the recolete applications or those postmarked applicants will be held in confidence. | quired items are submitted on or before the ed after May 15 will not be processed. All |
| to t inc col | the best of my knowledge. luding a copy of my parer llege I will attend in the 20 | I understand that I may be asked to tts' and/or my prior year's U.S. Inco | all information on this form is true and complete of provide proof of information stated on this form ome Tax return. In addition, I hereby authorize the rmation on financial aid awarded to me by the |
| | Signature of Paren | /Guardian: | |
| | | ant: | |
| Re | quired Information: (do | mot staple, please) | |
| | | n requested below. Incomplete appl | ications will not be considered. |
| | This completed application | on form | |
| | Your most recent official | - | |
| | | nt in business letter format | in that is smarific to the |
| | criteria of this scholars letterhead, contain your relationship to you (not a | hip. The letter must be current of first and last name, and be sign family member). E-mail letters are | |
| | A copy of your college f | inancial aid offer. if apply co | ble |
| All | • | • • | ust be <u>postmarked</u> by May 15 and sent to: |

SweetMoore Scholarship Fund c/o Ruth Fenn PO Box 813 Greenville, ME 04441

Family Information
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| , I | arents' current marital status: | ☐ single | 🛘 marr | ied | □ sep | arated | □ divorc | ed □ widowed | |
|---|--|--|-----------|------|--------|--------|-----------|--------------|--|
| 7 | Who is responsible for your support? | | mother | | father | □ bot | h □ otl | her | |
| 7 | Who do you live with? | no do you live with? | | | | | | | |
| ì | Number in household, including pare | nber in household, including parents: | | | | | | | |
| | Cotal number of family members who ttending college during the next acar | | | | | | | , e | |
| you have no ceived your | L | available | e for you | ur N | EXT | year o | f college | | |
| nancial aid vard letter for xt year, | Family Contribution (use the | \$ | | | | | | | |
| case enter the | | Personal Savings/Earnings | | | | | | | |
| ar of study, amounts yo | Grants and Scholarships a | . \$. | | | | | | | |
| ticipate are | Outside scholarships (from | \$ | | | | | | | |
| r nevt vear | WorkStudy | \$ | | | | | | | |
| Stafford and /or Perkins Loans Other loans for school | | | | | | \$ | | | |
| | | | | | | \$ | | | |
| ٦ | OTAL available funds for ne | OTAL available funds for next year (add all) | | | | | | | |
| | Outstanding loans for education | | | | | | | | |

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. Please explain amy special circumstances on a separate sheet.

| 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) | \$ | |

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