

ELLSWORTH HIGH SCHOOL ALUMNI ASSOCIATION

Confidential Scholarship Application Form for Graduating Seniors*

(This form is intended for students who will be entering college or other post-secondary institutions.)



Full Name _____ Soc. Sec.# _____

Permanent Address _____

Date of Birth _____ U.S. Citizen? _____ Are you single: _____ mar: _____ div: _____ wid: _____ ?

Year of graduation _____ Number in graduating class _____ Your class standing _____ **

Copy of SAT Scores attached _____ / copy of your high school academic record attached*** _____

List your high school extra-curricular activities _____

Honors and awards received and offices held during high school or in community organizations: _____

Other distinctive recognition (Please explain): _____

Colleges or schools to which you have applied or have been accepted: _____

Full time (12 credit hours/semester) Part time ____ (6 credit hours or less)

Associate degree ____ Bachelors degree ____ Other: (Certificate M.S. Ph.D.) _____

Program of Study: _____

Work experience during or since high school _____

Amount you or your parents/guardians have available toward your college expenses \$ _____.

Approximate combined gross income of parents or person(s) responsible for your expenses. \$ _____.

If parents are responsible for your expenses, how many siblings and/or other immediate family members are living at home: _____, or are presently attending college: _____

If you are single, living at home, and parents are responsible for your expenses, or if you have a legal guardian, provide their name(s) and address(es) and occupation(s).

Father/guardian _____

Mother/guardian _____

Name of college or post secondary school _____

Please make sure to complete page 2.

Post-secondary school expenses:

Estimated costs: tuition\$ _____; board and room \$ _____; books \$ _____; misc.
(travel, child care, etc.) \$ _____.

Scholarship assistance received or anticipated (source and amounts) _____

Provide two personal references that the selection board may use to contact during the selection process if needed.

1. _____

NAME	ADDRESS	PHONE
------	---------	-------
2. _____

NAME	ADDRESS	PHONE
------	---------	-------

Describe on a separate sheet of paper (not more than 500 words) why you should be selected to receive an EHS Alumni Association Scholarship including your goals and aspirations.

Applications must be postmarked by March 31

Return to:

**Ellsworth High School Alumni Association
Scholarship Awards Committee
P. O. Box 11
Ellsworth, ME 04605-0011**

*All information on this application is confidential and is restricted to the Awards Committee and will be destroyed by burning or shredding upon completion of evaluation. Any portion that is incomplete automatically disqualifies the applicant unless there is a reasonable explanation.

** and ***: These two records are essential for committee evaluation.

CHECK LIST

All requested information has been provided with particular attention to the following items:

- | | |
|-----------------------------------|--|
| _____ Class Standing identified | _____ Extra-Curricular Activities to include work listed |
| _____ SAT Scores attached | _____ Financial Information |
| _____ Honors and Awards listed | _____ Letter explaining why you should receive a scholarship |
| _____ Program of study identified | _____ Academic goals identified |