



2018 UMAINE Scholarship Application

Application Deadline: October 31, 2017

Applicant: Please give your completed application to a sponsor to submit for you.

Sponsor: Please forward this application along with your letter of recommendation to:

**Mary Ann Corcoran, PLS, MALSCE Education Trust Chair
c/o The Engineering Center, One Walnut Street, Boston, MA 02108
413-841-0355; email mcorcoran@hillengineers.com**

Name:	
Legal Residence Address:	
Tel. No.	Email address:
Your expected year of graduation	
Father's name:	Occupation:
Place of employment:	Annual gross income:
Mother's name:	Occupation:
Place of employment:	Annual gross income:
Number of siblings also in college:	
Please provide the following information:	
Anticipated loan amount for upcoming academic year:	
Total amount of any other scholarships for upcoming year	
Amount of savings available:	
Expected Family Contribution from Student Aid Report	
Annual expenses: for Tuition/fees?	For room and board?

Education Record:

(Please list only high school(s) you have attended, starting with the high school where you graduated; for transfer students, list all colleges attended)

<u>School:</u>	<u>Years Attended:</u>	<u>Major, if applicable :</u>	<u>Diploma/Degree:</u>
List your extracurricular activities:			
Sports, hobbies and interests:			

Employment Record:

<u>Place of Employment:</u>	<u>Position:</u>	<u>Employment Dates:</u>	<u>Earnings:</u>

Please give specific answers to the following questions (you may attach 8 ½ x 11 sheets, if necessary):

How do you plan to finance your education?

What are your specific short term and long range goals and what do you hope to achieve in life?

Why do you want to be considered for a scholarship? Please include any information that might aid the Trustees in evaluating your application:

SPONSOR CONTACT INFORMATION:

Name:	
Address:	
Work Tel:	
Work Email:	
Relationship to applicant:	
Sponsor's Signature:	Date:

APPLICANT'S AFFIRMATION:

I hereby submit my application for the MALSCE Education Trust UMaine Scholarship. I authorize MALSCE and/or its representatives to contact any of the employers or educational institutions listed above. By signing this application, I am affirming that the information contained here is accurate.

Applicant's Signature: _____ Date: _____