



Hugh & Elizabeth Montgomery & Franklin County Community College Network 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. First-time applicants need not be enrolled in a degree-granting program but are encouraged to make that commitment before applying for renewal consideration.

Deadlines: Montgomery: Postmarked by August 12, 2016 and December 16, 2016

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

Applications for the Musgrave scholarship are taken throughout the year.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail: _____

Post-secondary school or program: _____

Street address or P.O. number: _____

City: _____ State: _____ Zip code: _____

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

Your application must also include:

- A copy of your college financial aid offer **if you are in a degree program.**

Please list the course name(s) and dates for the next semester only:

Course name and number: _____ Dates of class: _____

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Costs: Tuition: \$ _____ + Fees: \$ _____ + Books: \$ _____ = Total Cost \$ _____

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

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

Employer:

Position: _____ Period of Employment: _____

Employer: _____ Tel: _____

Does your employer offer a tuition reimbursement program? Yes No

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? (child, care, transportation, etc). *Please limit to 500 words.*

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.

Have you ever been convicted of a felony? Yes No **How long have you lived in Maine?** _____

Signature of Applicant: _____

(I certify the above information is accurate)

Please submit completed applications to:

Incomplete applications will not be considered.

Scholarship Committee
Franklin County Community College Network
P.O. Box 2, Farmington, ME 04938 (800.517.2859)

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 | OR | Franklin County Community College Network |
| Scholarship Coordinator | | Scholarship Committee |
| 245 Main Street | | PO Box 2 |
| Ellsworth, ME 04605-1613 | | Farmington, Me 04938 |
| 207-667-9735 or 877-700-6800 | | 1-800-517-2859 or info@franklinnetwork.org |
| Fax: 207-667-0447 | | |
| E-mail: info@mainecf.org | Web: 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



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| 207-667-9735 or 877-700-6800 | | 1-800-517-2859 or info@franklinnetwork.org |
| Fax: 207-667-0447 | | |
| E-mail: info@mainecf.org | Web: 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