



## 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. There is preference for 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: Postmarked by December 16, 2011, and August 17, 2012**

**NOTE: Requests for Summer Classes need to meet the December deadline!**

**Name:** \_\_\_\_\_

**Mailing address:**

Street address or P.O. number \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Post-secondary school for which aid is requested:** \_\_\_\_\_

Street address or P.O. number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Enrolled:** Part-time:  Full-time:  **Matriculating student:**  Yes  No

**Your application must also include:**

- A copy of your college financial aid offer if you are a matriculating student.

**Please list the Course Title(s)/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, 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. Do you have a support system in place to help you attain your goals? If not, how do you anticipate developing a network? What assistance do you need? (Please limit to 500 words.)

**Letter of Recommendation:** Please submit a signed letter of recommendation from a teacher, employer or friend in support of your application to the Hugh and Elizabeth Montgomery Scholarship Fund. 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.

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

Please submit completed applications to:

**Incomplete applications will not be considered.**

Betty Gensel

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 COLLEGE OR UNIVERSITY FINANCIAL AID OFFICE

**ATTENTION: Financial Aid Officer**

The student named below is applying to the 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.

**TO THE SCHOLARSHIP APPLICANT:**

**I authorize release of financial aid award information to:**

**Maine Community Foundation  
Scholarship Coordinator  
245 Main Street  
Ellsworth, ME 04605-1613  
Tel: 207-667-9735 or toll free 877-700-6800  
Fax: 207-667-0447  
E-mail: [info@mainecf.org](mailto:info@mainecf.org) Web: [www.mainecf.org](http://www.mainecf.org)**

**College/University** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**REMINDER: DO NOT MAIL THIS FORM TO MAINE COMMUNITY FOUNDATION.**