SCHOLARSHIP APPLICATION FORM TOWN OF OTISFIELD

ELIGIBILITY:

Any person who is a resident of Otisfield for a minimum of six months prior to applying for the scholarship, and who wishes to continue education beyond high school whether at a college, university or vocational school may apply. Individual merit, superior scholarship, and financial need are the primary considerations in making the awards.

APPLICATION PROCEDURE:

Application forms may be obtained at the following locations:

- 1. Otisfield Town Office
- 2. Guidance Office-Oxford Hills Comprehensive High School
- 3. SAD# 17 Superintendent's Office

Applications must be received at the Otisfield Town Office or the guidance office <u>no later than May 1</u> in any year. <u>Incomplete applications will not be considered for an award that year.</u>

Check off each piece of information requested and obtained by you. If there is something on the checklist that you have not participated, for example: no extra-curricular activities, community services etc. then place n/a on the line. All information should pertain to the most recent school year.

	A letter of recommendation from someone not related to you of a recent employment reference.
	Applicant's standing in class in his/her high school or college.
	A transcript of his/her high school or college academic record.
	The front page of the applicant's Student Federal Assistance (FASFA) form with the EFC number circled on the top right hand corner.
_	Applicant's must write or type a short essay stating the applicant's ideas regarding how the award of a scholarship will help them achieve their goals and what those goals are. (You can use the section on the back of this application for your essay)

Parent's or Guardian's confidential financial statement

This information must be completed by parents or guardians of the applicant in order for the application to be considered for any scholarship. Applicant's Name___ FATHER, STEPFATHER OR MALE GUARDIAN MOTHER, STEPMOTHER OR FEMALE **GUARDIAN** Name____ Home Address Home Address Occupation____ Occupation____ Employer_____ Employer_____ Number in family, including applicant & all dependents Number of children to be claimed on next Federal Income Tax return Number in family requiring tuition during coming year PARENT'S OR GUARDIAN'S CERTIFICATION AND AUTHORIZATION We declare the information on this form, to be the best of our knowledge and belief, is true, correct and complete. Signature_____ Date_____ Date Please state unusual family or personal circumstances which you feel warrant the attention of the Selection Committee:

APPLICANT'S FINANCIAL AID STATEMENT

Applicant's Name	Telephone		
Home Address			
Date of Birth	Social Security Number		
Name of Secondary school(s) attended (with dates)			
Name of College or University			
Name of Vocational School			
Address of Institution			
Check entering status for next term: College Freshman College Sophomore College Junior College Senior Other (explain)			
TOTAL EXPENSES FOR COLLEGE YEAR (estimate where necessary)	TOTAL RESOURCES FOR STUDENT (estimate where necessary		
Tuition & Fees	Parent's contribution		
Board	Applicant's savings		
Housing	Summer Income expected		
Recreational	School Income expected		
Medical	Gifts		
Clothing, Laundry, etc	Scholarships		
Transportation	Other (list)		
Other (list)			
Total Expenses	Total Resources		
List all extra-curricular activities participated in by the attended			

ESSAY

Essay can be handwritten or typed . State yo your goals and what your goals are:	our ideas on how the award of a scholarship will help achieve
Annlicant's Signature	Date

Thank your for applying for the Otisfield Scholarship. It is the goal; of the Scholarship Committee to help Otisfield residents further their education! Please check off the checklist on the front of this application to ensure this form is complete and will be reviewed. Thank you!