



**Ellsworth High School Alumni Association**  
**Confidential Scholarship Application Form for ALUMNI/AE \***  
 (This form is intended for students who will be continuing their education.  
**IF YOU ARE A FIRST YEAR ALUM USE A SENIOR APPLICATION**)

Full Name \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

Permanent Address & Phone Number: \_\_\_\_\_

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

Year of graduation from EHS \_\_\_\_\_

Copy of post-secondary academic record attached. \_\_\_\_\_

List your current post-secondary school activities and volunteerism particularly any that relate to or enhance your academic studies and future goals. \_\_\_\_\_

Honors and awards received and offices held at your present educational institution or in community organizations: \_\_\_\_\_

Other distinctive recognition (Please explain): \_\_\_\_\_

Are you a full-time student (12 credit hours/semester) \_\_\_\_\_; Part-time (6 credit hours or less) \_\_\_\_\_

Program of Study: \_\_\_\_\_

Associate degree \_\_\_\_\_ Bachelors degree \_\_\_\_\_ Other: (Certificate, M.S., Ph.D.) \_\_\_\_\_

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 other siblings and/or other immediate family members are living at Home: \_\_\_\_\_. How many 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: \_\_\_\_\_

Please make sure to complete page 2

Name of college or post-secondary school \_\_\_\_\_

**Post-secondary school expenses:** Estimated costs: tuition \$ \_\_\_\_\_; board and room \$ \_\_\_\_\_;

book \$ \_\_\_\_\_; misc. (travel, child care, etc.) \$ \_\_\_\_\_; Estimated Total \$ \_\_\_\_\_

Scholarship assistance received or anticipated (source and amounts) \_\_\_\_\_

Provide two personal references the awards committee may use 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 EHSAA scholarship including your goals and aspirations.

**Applications must be postmarked by March 31<sup>st</sup>.**  
**(Late postmark is an automatic disqualification)**

**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.

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**CHECK LIST**

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

- |   |                                       |
|---|---------------------------------------|
| _____ <b>Current transcript</b> indicating cumulative GPA attached? | _____ Honors and awards listed?       |
| _____ Letter explaining why you should receive a scholarship        | _____ Program of study identified?    |
| _____ Academic goals identified?                                    | _____ Financial information provided? |
| _____ Extra-curricular activities to include work listed?           |                                       |

**NOTE**

**Any portion of the application that is incomplete will impact the application's chances of being selected for a scholarship.**