



Ellsworth High School Alumni Association

Confidential Scholarship Application for GRADUATING SENIORS & FIRST YEAR ALUMS *

(This form is intended for FIRST YEAR STUDENT entering college or other post-secondary institutions.)

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 SAT Scores attached? _____ Copy of your Permanent High School Transcript attached? _____

List your high school extra-curricular activities _____

Honors and awards received and offices held during high school or in community organizations: _____

Other distinctive recognition (Please explain): _____

Colleges or schools to which you have applied or have been accepted: _____

Full time (12 credit hours/semester) Part-time _____ (6 credit hours or less)

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

Program of Study: _____

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. \$ _____

How many siblings living at home? _____

How many siblings are in 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 that the section board may use to contact 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 31st.
(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.

CHECK LIST

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

_____ SAT scores attached? _____ Extra-curricular activities to include work listed?
_____ Permanent EHS Transcript _____ Financial information included?
_____ Honors and awards listed? _____ Letter explaining why you should receive a scholarship attached?
_____ College & Program of Study identified? _____ Academic goals identified?

NOTE

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