

The Ellsworth High School Alumni Association

Scholarship Year July 1, 2021 – June 30, 2022

*****CONFIDENTIAL*****

(ALL applications destroyed after evaluation)

Return completed (2 pages), signed and dated application and all requested documents to:

By mail: ATTN: Scholarship Awards Committee
PO Box 11
Ellsworth, ME 04605-0011

By email: ehsaa.csac@gmail.com

Applications **MUST BE POSTMARKED** or **EMAILED** by March 15th. Late submissions are automatically disqualified.

Please print

1. PERSONAL INFORMATION

- a. First _____ Middle _____ Last _____ Suffix _____
- b. Mailing Address: _____
Street/PO Box _____ City _____ State _____ ZIP _____
- c. Phone (_____) _____ d. Email _____
- e. Marital Status Single Married Widowed Divorced

2. ACADEMIC INFORMATION

- a. Year of graduation from EHS _____ b. Cumulative high school or most current college GPA _____
- c. Transcripts attached?
High School Transcript if you are a SENIOR Yes No (please explain)
Most Current College Transcript if you are a COLLEGE student Yes No (please explain)

3. HONORS & AWARDS received from your present educational institution or from community organizations:

Other distinctive recognitions (Please explain)

4. EXTRA-CURRICULAR

- a. Activities (sports, music, clubs, committees, etc.) List current activities and volunteerism, particularly those that relate to or enhance your academic studies and future goals.

- b. Leadership positions held

- c. Work experience during or since high school

5. ACADEMIC GOALS

- a. Top three Post-Secondary institution(s) to which you have applied: _____ accepted _____
_____ accepted _____ accepted _____

- b. Post-Secondary institution you have chosen to attend: _____

- c. Status Full-time (12 credit hours/semester) Part-time (6 or fewer credit hours)

- d. Program(s) of Study _____

- e. Degree Associates Bachelors Masters Doctorate

6. POST-SECONDARY SCHOOL EXPENSES (estimated) PER SEMESTER to attend _____
school of choice
 Tuition \$ _____ Room & Board \$ _____ Books \$ _____ Misc. \$ _____
 Total Estimated Cost **PER SEMESTER** \$ _____

7. FINANCIAL INFORMATION

- a. Savings you and/or your parents/guardians have available for college expenses: \$ _____
- b. Combined gross income of person(s) responsible for your expenses: \$ _____
- c. If parents are responsible for your expenses, how many siblings and/or other immediate family members are
 LIVING AT HOME _____ PRESENTLY ATTENDING COLLEGE _____?
- d. If you are single, living at home, and parents or legal guardians are responsible for your expenses, provide name(s) and address (es) and occupation(s).

Parent 1/Guardian: _____ Occupation: _____

Address Phone

Parent 2/Guardian: _____ Occupation: _____

Address Phone

- e. List scholarships received or anticipated. Provide source and amount. Total amount: \$ _____
 _____ \$ _____ _____ \$ _____
 _____ \$ _____ _____ \$ _____

8. LETTER

In a **500-word letter**, persuade the Awards Committee why you should receive a TEHSAA scholarship. Include your hopes and dreams as they relate to your academic goals.

Additional sheets may be attached to provide more information.

Signature Date

CHECK LIST

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

- _____ SAT/ACT/Other scores attached if you are a graduated SENIOR or this is your first time attending college.
- _____ Permanent EHS transcript attached if you are a graduating SENIOR or this is your first time attending college.
- _____ Current college transcript if you have completed at least one semester of college.
- _____ Honors, awards, other recognitions, and leadership positions listed
- _____ Extra-curricular activities and work experience listed
- _____ College and Program of Study identified
- _____ Academic goals identified
- _____ Financial information included
- _____ Letter explaining your hopes and dreams as well as why you should be awarded a scholarship.