MAINE COMMUNITY FOUNDATION

**RONALD P. GUERRETTE FFA SCHOLARSHIP FUND APPLICATION**

The Ronald P. Guerrette FFA Scholarship Fund was created in the spring of 1998 by friends and family to honor the life and work of Ronald P. Guerrette of Caribou. The fund will provide scholarship assistance to students from Caribou High School, Aroostook County, and Maine. Applicants must be FFA members and have a demonstrated interest and motivation to pursue a career in farming and/or agriculture. ***All applications and required information sent separately must be postmarked by March 15. Incomplete applications or those postmarked after this date will not be processed.***

Student’s Name:

FFA Chapter Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:

Phone: Cell: E-mail:

Town/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident of this town since:

Date of Birth: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Male ( ) Female ( )

Name & Phone of High School:

Year of Graduation from High School:\_\_\_\_\_\_\_\_\_

Grade point average (most recent):\_\_\_\_\_\_\_\_ Student ranks\_\_\_\_\_\_ in a class of

Most recent SAT scores (optional): Math: \_\_\_\_\_\_\_\_\_ Verbal: \_\_\_\_\_\_\_\_\_

College or vocational school for which aid is requested:

Phone and address of college or vocational school:

Upcoming Year in School (circle one): College Undergraduate: 1 2 3 4

Intended Major / Field of Study:

Intended Career Area:

Please briefly explain how your chosen field is connected to Agriculture / Natural Resources: \_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Activities (attach additional sheet if necessary)

 Number of years Activity Special honors, offices

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summer or Part-time Employment:

 Position held Period of Employment Hours per week

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Statement:**  in 500 words or less, describe your aspirations and how your educational plans relate to them. Also, please note any personal or family circumstances that you feel make you particularly eligible for a scholarship. (Attach a separate sheet).

I certify that I am a high school graduate and that all information on this form is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated on this form, including a copy of my parents’ and/or my prior year’s U.S. Income Tax return. In addition, I hereby authorize the college or vocational school I will attend in the 20\_\_\_\_ -20\_\_\_\_ school year to release information on financial aid awarded to me by the college or vocational school and other sources to the Maine Community Foundation.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

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

**Required Information: (do not staple, please)**

Please submit the information requested below printed on one side only (not front and back).

1. This completed application form
2. A signed letter of recommendation from a guidance counselor or other adult mentor specifically addressing your eligibility. The letter must be current (dated after

 September 15, 2023), 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). E-mail letters are not acceptable.

1. Personal statement (500 words or less)
2. Your official high school transcript. A printout from the Internet is not acceptable. We prefer that you include your transcript with your application.
3. The attached financial information form
4. A copy of your college financial aid offer (current college students may submit the previous year’s letter)

**All applications and required information sent separately must be postmarked by March 15 and sent to:**

|  |
| --- |
| State FFA AdvisorDepartment of Education23 State House StationAugusta, ME 04333-0023 |

***If you have any questions as you complete this form, please call MaineCF at 877-700-6800***

**Family****Financial Information Form**

**FAMILY CIRCUMSTANCES:**

Are you classified by the U.S. Department of Education as “independent”? YES \_\_\_\_\_ NO \_\_\_\_\_

If you are, please complete this form with your own family and financial information.

Total size of parents’/your household during the next school year. Include yourself even if you do

not live at home. Include siblings who receive more than half of their support from your parents.

Total number in family attending college at least half-time during the next school year.

Parent’s marital status: \_\_\_\_ Single \_\_\_\_ Separated\* \_\_\_\_ Divorced\* \_\_\_\_ Widowed \_\_\_\_ Married

\*If parents are separated or divorced, please list the financial information of the parent primarily responsible for the cost of education. If parents are sharing the cost, list the information of the parent the student currently lives with.

Print name of Parent or Guardian submitting information Social Security Number

|  |
| --- |
| **Income**(Please submit this information for the previous calendar year.) |
| **Parents’ adjusted gross income** (from their income tax form) | $ |
| **Student’s adjusted gross income** (Please refer to income tax lines referenced above. If you didn’t file a tax form, write how much money you earned in the most recent year.) | $ |
| **Parents’ nontaxable income** (Social security, child support, welfare benefits, workers compensation, earned income credit)  | $ |
| **Parents’ untaxed income** (Payments to IRA, Keogh, 401K or other tax deferred plans. Include foreign income exclusion.) | $ |
| **TOTAL FAMILY INCOME** | $ |

|  |  |
| --- | --- |
| **Assets** | **Liabilities** |
| Cash in bank | $ | Credit card balances | $ |
| Savings accounts | $ | Other consumer loans | $ |
| Investment accounts | $ | Loans on investments | $ |
| Market value of home | $ | Mortgage on home | $ |
| Other real estate | $ | Mortgages on other | $ |
| Value of autos (show make & year) |
|  | $ | Outstanding loan | $ |
|  | $ | Outstanding loan | $ |
|  | $ | Outstanding loan | $ |
| Other assets (list) | Other debts (list) |
|  | $ |  | $ |
|  | $ |  | $ |
| **TOTAL ASSETS** | $ | **TOTAL LIABILITIES** | $ |
| **NET WORTH** (Total Assets minus Total Liabilities) | $ |

**College Financial Information Form**

|  |
| --- |
| **College Budget** |
| *Estimated total expenses for the coming year. Please refer to the cost of attendance budget at your first choice college. This information is available in college publications or from the financial aid office.* |
| Tuition and Fees | $ |
| Room and Board | $ |
| Books and Materials  | $ |
| Transportation | $ |
| Personal and other Expenses | $ |
| **TOTAL EXPENSES** | **$** |

|  |
| --- |
| **Funds for College Expenses** |
| *Total income available for the coming year. Please list as many items as you can estimate at this time. If you have received a financial aid notice from your first choice college, refer to that and attach it to this application.* |
| Student’s income from non-college employment to be contributed | $ |
| Student’s savings to be contributed | $ |
| Income from college employment (work study) to be contributed | $ |
| G.I. or Social Security benefits  | $ |
| Family contribution (estimated) | $ |
| Scholarships from college, high school, community, etc. | $ |
| Loans | $ |
| Gifts | $ |
| Other income | $ |
| **TOTAL INCOME** | **$** |

COMMENTS:

**Explain any unusual circumstances that might affect your financial need. Use a separate sheet if necessary.**

**FINANCIAL INFORMATION RELEASE FORM**

**\* \* PLEASE FILL OUT AND MAIL THIS FORM TO YOUR \* \***

**COLLEGE OR UNIVERSITY FINANCIAL AID OFFICE,**

**NOT TO MAINE COMMUNITY FOUNDATION**

**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: 207-412-2004 or toll free 877-700-6800**

 **Fax: 207-667-0447**

 **E-mail:** **jshannon@mainecf.org** **Web:** [**www.mainecf.org**](http://www.mainecf.org)

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

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

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**REMINDER: DO NOT mail this form to Maine Community Foundation**