

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 one \$1,000 scholarship per year. Eligible applicants are high school seniors or college students who graduated from schools in Maine, are FFA members and have a demonstrated interest and motivation to pursue a career in farming and agriculture/natural resources.

All applications and required information sent separately must be postmarked by March 1. 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 ____ - ____ 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).

- This completed application form
- 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 1, 2015), 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.
- Personal statement (500 words or less)
- Your official high school transcript. A printout from the Internet is not acceptable. We prefer that you include your transcript with your application.
- The attached financial information form
- 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 1 and sent to:

State FFA Advisor
Department of Education
23 State House Station
Augusta, 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 (AGI-Form 1040 line 31, 1040A line 16, or 1040EZ line 4)	\$
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	
<i>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.</i>	
Tuition and Fees	\$
Room and Board	\$
Books and Materials	\$
Transportation	\$
Personal and other Expenses	\$
TOTAL EXPENSES	\$

Funds for College Expenses	
<i>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.</i>	
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: 207-667-9735 or toll free 877-700-6800
Fax: 207-667-0447
E-mail: efickett2@mainecf.org Web: www.mainecf.org**

College/University _____

Name of Student: _____

Address: _____

Phone: _____

Student’s Signature: _____

Date: _____

REMINDER: DO NOT mail this form to Maine Community Foundation