

ALLEN C. & LEURENE F. HODGKINS SCHOLARSHIP FUND

Guidelines

Leurene Hodgkins established this fund through a bequest. She served Lamoine as its treasurer from 1973 through 1979. Her first husband, Dr. Allen Hodgkins, was a long-time Selectman in Lamoine. They briefly lived in Alaska and helped start a fluoride treatment program for children there. She and Allen were married for nearly 60 years until his death in 1995. She enjoyed hunting, fishing, and riding the back roads of Maine.

Applications are available at the Lamoine Town Hall and from the Maine Community Foundation website, www.mainecef.org.

Eligibility Requirements: To be eligible for the Allen C. & Leurene F. Hodgkins Scholarship applicants must

1. be a resident of Lamoine, Maine
2. be a graduating senior or have graduated from high school within five years of the date of application
3. be pursuing post-secondary education at an accredited college, university or technical school

Selection Criteria: Award consideration will be based on:

1. evidence of financial need
2. evidence of academic achievement

Awards: There will be a minimum of two awards annually. Awards will be based on the recommendation of the selection committee and be dependent on available funds. Past recipients must submit an application for renewal consideration. Students must maintain a "C" average or equivalent to be considered for renewal.

Award monies used for expenses other than tuition, books and supplies must be reported as taxable income by the recipient. It will be the responsibility of the recipient to report and pay any tax liability.

All applications must be postmarked by June 1. Incomplete applications or those postmarked after this date will not be accepted. All information received from applicants will be treated as confidential.

Students will be notified of scholarship decisions in July. Awards will be mailed to the school in December. Checks will be made payable jointly to the student and the school and applied to the second semester expenses.

All applications and required information sent separately must be postmarked by June 1 and sent to:

Allen C. & Leurene F. Hodgkins Scholarship Fund
Board of Selectmen
Lamoine Town Hall
606 Douglas Highway
Lamoine, ME 04605

ALLEN C. & LEURENE F. HODGKINS SCHOLARSHIP APPLICATION

All applications and required information sent separately must be postmarked by June 1. Incomplete applications or those postmarked after this date will not be processed.

Renewal Application:

Name: _____

Post-secondary school for which aid is requested: _____

Upcoming year in school (circle): Undergraduate 1 2 3 4

Mailing address at home:

Street address or P.O. number _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ E-mail: _____

High School: _____ **Date graduated:** _____

Street address or P.O. number _____

City: _____ State: _____ Zip code: _____

Phone: _____

College (if applicable): _____

College major: _____ College minor: _____

Name of academic advisor: _____ Dept. _____

Phone: _____ E-mail: _____

Your Mailing address at college (if applicable):

Street address or P.O. number: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell: _____ E-mail: _____

List of current school activities:

List of community activities:

List of summer or part-time employment:

Position	Period of Employment	Hours per week
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

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: efickett@mainecf.org Web: www.mainecf.org**

College/University _____

Name of Student: _____

Address: _____

Social Security No.: _____

Phone: _____

Student's Signature: _____

Date: _____

REMINDER: DO NOT mail this form to Maine Community Foundation