## **Barbara Thorndike Wiggin Fund**

U.S. Trust, Bank of America Private Wealth Management, Trustee

## **GRANT APPLICATION**

Instructions: 1	Complete G	rant Application	2. Print 3	Sign 4 Submit
mistractions. I	. Complete a	Tant Application		. Jigii T. Jubiiii

I hereby apply for a grant f	rom the Barbara Thorndi	ke Wigg	in Fund in the amou	nt of \$	to be used towards my	
expenses in attending	during academic year	to	D			
	APPI	LICANT I	NFORMATION			
Applicant's Full Name:	Age: Date of Bi	rth:	_			
Street Address: City	: State: Maine Zip:	State: Maine Zip:				
Mailing Address (if differer	nt):	te: <u>Main</u>	<u>ne</u> Zip:			
Email Address: Phor	ne:					
Currently Enrolled at:	Year in School:					
	ENROLLMENT [	DETAILS	FOR HIGHER EDUCA	ATION		
Name of College or Univer	sity:					
Address of College or Univ						
Year of Study: Treshma		ior S	enior Graduate;	Year (1,2,3	etc.)	
Course of Study: Exp	<del></del>			• • •	· <del></del>	
Years expected to complet						
·		nic need	ls beyond the year fo	or which th	e scholarship is desired. (I.e.	
student loans, grants etc.):			,		, , ,	
	d cost of Attending School	ol for the	e vear in which the	scholarshi	o is requested	
Tuition Fees	\$		Books		· S	
Room & Board	\$		Equipment		\$	
Travel Expenses	\$				\$	
,	Total Expenses		Clothing/Personal \$			
					•	
		ises for t	he year in which the scholarship is requested			
Employment		\$			\$	
Veteran's Programs		\$		S	\$	
Family		\$			\$	
Work Study	· ·	\$			\$	
	Total Funds Available		\$			
Other Scholarships & Loar	os applied for By Applica	nt.				
Name	is applied for by Applical		ount Posuostad	Status //	Annual Delegated on Hubinaiii)	
		Ś	ount Requested	Status (A	Approved, Rejected or Unknown)	
		\$				
		\$				
		۲ ا				
Please list any other debts	s owed:					
Creditor		Amo	Amount Owed		Monthly Payment Amount	
		\$			\$	
			\$		\$	
		\$	\$			

and I cannot be assured of continuing my education without the assistance of the requested grant. I further certify that I

am a resident of \_\_\_\_\_, Maine and a graduate of \_\_\_\_\_ High School in \_\_\_\_\_, Maine Year \_\_\_\_\_.

Applicant Signature	Date
If Applicant is under the age of 18, a signature of a Parent/Guard	lian is required.
Parent/Guardian Signature	Date
Please provide a completed Application AND the following list of	required items;
<ul> <li>Letter from High School Guidance Counselor or Colle potential of Applicant at the chosen school.</li> <li>Letter from Teacher about Applicant's general charaschool.</li> <li>Transcript of school record and any results from Coll administered tests).</li> </ul>	cter and academic achievements while enrolled in
Letter from Applicant that includes the following det	ails;
<ul> <li>Reasons for choosing a particular school</li> </ul>	
Plans after Graduation	
Statement explaining the financial need for the s	·
Letter from an Employer (present or past) that descr	ibes the Applicant's work habits and any specific
achievements.	

## **APPLICATION DEADLINE: MAY 31<sup>ST</sup>**

## Provide a **COMPLETE APPLICATION PACKET** to:

Mail	Email
Attn: Barbara Thorndike Wiggin Fund	
Regional School Unit #13	scholarships@rsu13.org
28 Lincoln Street	
Rockland, ME 04841	

Incomplete applications will not be considered.