Olive Coates Memorial Scholarship Application Application Deadline: May 1

Student Information:

Student's Name:			
Home Mailing Address:			
Home Phone:	Date o	of Birth:	
College Experience: Schools Attended, Completed Or Currently Attending			Degree Program
Post-Secondary School for wh	aich aid is requeste	d:	
Address:			
Upcoming year in school (circ	le) Undergraduate	1 2 3 4	Graduate 5 6 7 8
Degree Anticipated: BA	BS MA PhD	Other	
Major Field of Study:			
Activities: List of School Activities (attached)			
•	Number of years participating	-	
List of Community Activities	:		

List	of Summer, Full or	Part-time Employment:	
Position Held Your application must in		Period of Employmenttototo	Hours per Week
0	••	icial Information Form.	
0 0 0	A copy of your financial aid award letter for the year the aid would be applied to If this is not available, include a copy of the previous year's award letter and an explanation of any expected changes in costs. A Personal Statement of 500 words or less detailing your interest in your major study and how this financial aid would assist your situation. Two academic letters of recommendation written in the past 12 months. A copy of your most recent school transcript. Incomplete applications will not be considered.		
inforunde inclu addi to re	rmation on this form erstand that I may be iding a copy of my p tion, I hereby autho lease information o	uate of Camden Hills Regional High is true and complete to the best of a asked to provide proof of informa arents' and/or my prior year's U.S. rize the college I will attend during financial aid awarded to me by the	f my knowledge. I tion stated on this form, income Tax return. In the upcoming school year college and other sources.

Please return your completed application by May 1 to the School Counseling Office
Camden Hills Regional High School
25 Keelson Drive
Rockport, ME 04856

FINANCIAL INFORMATION FORM

(Please submit financial information for the previous calendar year)

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 their support from your parents.
Total number in family attending college at least half time next school year:
Parents' marital status: _Single _Separated _Divorced _Widowed _Married
College Budget: Estimated total expenses for the coming year. Please refer to the cost of attendance budget at your college. This information should be available in college publications or from the financial aid office.
Tuition and Fees
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 form your college, you should refer to that and attach it to this application.
Income from outside job that will be contributed
TOTAL INCOME

Comments:

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