

Knox County Retired Educators Association "Future Teacher Scholarship Award"

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Parent/Guardian: _____

Fathers' occupation: (be specific) _____

Mothers' occupation: (be specific) _____

Residing with: Mother, Father, Both parents, other (circle one)

Circle appropriate combined gross income of parents:

- | | | |
|-------------------------|-------------------------|-------------------------|
| A) \$12,001 to \$16,000 | C) \$20,001 to \$25,000 | E) \$35,001 to \$50,000 |
| B) \$16,001 to \$20,000 | D) \$25,001 to \$35,000 | F) Over \$50,001 |

List all dependents in family; specify school or college if applicable:

Name:	Age:	Grade:	Name:	Age:	Grade:
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1) _____ 2) _____

3) _____ 4) _____

others: _____

Name of college or university you plan to attend next year: _____

Planned major: _____ Length of program: _____

Reason for the career choice: _____

Expenses: _____

Tuition and fees _____

Room and board _____

Total expenses _____

Anticipated contributions: _____

Parents _____

Yours _____

Total _____

List: Names and telephone numbers of three people whom we may contact for references.

1) _____

2) _____

3) _____

To be completed by the Guidance Office:

Class standing: _____

Test results: _____

GPA, 7 semesters _____

SAT

ACH

On a separate sheet of paper, in paragraph form, state the reasons you should be seriously considered for this scholarship. Please note any unusual family financial situation.

List activities in which you have been involved:

School _____

Community _____

Work _____

I understand that I must earn a grade point average of 2.75 to qualify for this scholarship. This award will be issued to the college you are attending after a copy of your transcripts are received by our treasurer at the completion of your first semester. If you should be the recipient of this scholarship it is your responsibility to send transcript information to:

Linda Gandel
13 Traverse St
Rockland, ME 04841

I hereby certify that the information on this application is complete and accurate to the best of my knowledge.

Applicant signature

Parent/Guardian signature

Please return this form to: Mary Marston

P.O. Box 385

Rockland, ME 04841

by the following date:
April 25, 2020