Educational Assistance for Lincolnville Students (residents of Waldo or Knox Counties also eligible to apply)

I. GENERAL INFORMATION

amount of \$	e under the Stewart Scholarship Trust Fund in the to help cover the cost of my attendance at (college or university).		
Applicant's Full Name:			
Age: Date of Birth:	Place of Birth:		
Sex: M() F()	Marital Status: Single () Married ()		
Present Residence Address:			
Permanent Home Address:			
Telephone:	Email:		
II. EDUCATIONAL PROGR	RAM AND EXPENSE		
Name of School at which you	are enrolled:		
Address:			
Sophomore ()	Course of Study: Expected date of graduation:		
In your school? :	to spend in your academic program: In other schools? :		
List names and addresses of	other schools		
	your academic program beyond the year for which		
Other Scholarships and Loan Name	s Applied for by Applicant: Amount or Present Status		

Estimated cost of attending school in which enrolled for the year for which loan is desired:

 Tuition & Fees \$ _____
 Books \$ _____
 Room & Board \$ _____

 Equipment \$ _____
 Travel Expense \$ _____
 Other \$ _____

 Total Expenses \$____ Total resources available to applicant for expenses of school year for which loan is desired: From Summer Employment \$ _____ From Savings \$ _____ From GI Program \$ ____ From Scholarships \$ ___ From Loans \$ ___ From Loans \$ ____ From Scholarships \$ _____ From Work While Attending School \$ _____ Other \$ ____ Total \$_____ **III. CREDIT INFORMATION** Names & Addresses of two adult references other than relatives: Please list all brothers and sisters (include any other dependents for whom your parents are financially responsible): Name of Present Percentage of help ame of Present School or Year with Educational Occupation In School Age Expenses Name Do you own an automobile? _____ Make & Year: _____ Do you have other assets of your own? _____ Please list giving type and value: _____ Schedule of other indebtedness: To Whom Date Original Unpaid Monthly Incurred Indebted: Address Amount Balance Payment

Father or Male Guardian		Mother or Female 0	Mother or Female Guardian		
Name	Age	Name	Age		
Home Address					
Name & Address of Employe	er				
Nature of Business Position Held:		Years at Current Occupation	n:		
I certify that I have read the and that I am eligible for th			•		
Date:	_				
Signature of Applicant:					
(sign full nan	ne)				
I have read and approve thi I certify that the information			ughter () ward		
Date:					
Signature of Applicant's Parent or Guardian:					

Each applicant is requested to furnish the following information:

- 1. Letter from High School Guidance Counselor or College Advisor regarding success potential of applicant.
- 2. Letter from a teacher describing general character and acheivement of applicant in school.
- 3. Transcript of school record and results of College Board Examinations, if available.
- 4. Letter from applicant stating reasons for choosing a particular school and why a loan is necessary.

Stewart Scholarship Trust Conditions

- 1. Primary purpose to assist those undertaking the study of horticulture, or there being nne qualified, to deserving applicants in other fields.
- 2. Applicants to be residents of the town of Lincolnville, or there being none qualified, to residents of Waldo County and Knox County.
- 3. Preference is given to applicants who demonstrate financial need as well as a record of scholarship adequate for the educational program they have chosen to undertake.
- 4. Awards to be made out of income from capital investment on an annual basis.
- 5. Aweards to be made as loans maturing after the recipients have completed their higher education.