

2024-2025 Application Deadline: June 1, 2024

The Maine Legislative Memorial Scholarship Fund was created by the Maine Legislature and staff to annually recognize one student from each county, who is currently or is planning to pursue education at a two- or four-year degree-granting Maine college or technical school. This scholarship is available for full or part-time students.

Award Amount:

Members of the Maine Legislature and staff have conducted fund-raising activities to raise the money for this scholarship. Sixteen scholarships are awarded – a \$1000 scholarship to one student from each Maine County (16).

Eligibility Criteria:

The eligible recipient must be a Maine resident who is accepted to or enrolled in a two- or four-year degree-granting Maine college or technical school that is accredited by the New England Association of Schools and Colleges. The student must actually choose to attend the Maine institution. Graduate students are also eligible.

Awards are made on the basis of:

- Academic excellence demonstrated by the content of the applicant's transcript and GPA
- Contributions to community and employment
- Financial need demonstrated by the applicant's FAFSA Submission Summary (FSS)
- · Letters of recommendation from both:
 - A high school or college official familiar with the applicant's academic performance and extracurricular activities
 - o A person with first-hand knowledge regarding the applicant's involvement in community service
- In 300 words or less, explain your educational goals and intentions and also include a statement of how this scholarship would make a difference in your ability to achieve these goals.

Award Notification:

 The Maine Legislative Memorial Scholarship Committee will announce scholarship winners in the fall of 2024. Awards will be made directly to the applicant after successful completion of the first semester of school. Scholarships may be deferred for one year if this is to the student's financial advantage.



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Application Deadline:

The scholarship application and ALL supplemental documents must be submitted to Finance Authority of Maine (FAME) and postmarked by June 1, 2024. Materials received after the deadline will not be considered. **Please note:** although the application deadline is June 1, 2024, selection will occur early fall 2024. Funds will be disbursed Spring 2025.

Application Checklist:

- School/community activities
- Work experience
- College information
- Special financial circumstances
- Essay (make sure applicant's name appears on all pages)
- Academic transcripts to include GPA and class rank
 - Transcript must reflect grades through the first semester of the current academic year
 - o College students should include both college and high school transcripts
- Two letters of recommendations from:
 - A high school or college official familiar with the applicant's academic performance and extracurricular activities. The letter should:
 - Describe the applicant's contribution to the quality of life in the school using supporting examples.
 - Include, if applicable, any information concerning the applicant's need for financial aid.
 - Provide any supporting examples of the student's ability to pursue a college program
 - A person with first-hand knowledge regarding the applicant's involvement in community service
- FAFSA Submission Summary (FSS)* -all pages
- Copy of high school diploma or equivalent or expected graduation date

*Students should submit the 2024-2025 Free Application for Federal Student Aid (FAFSA) in time to receive the 2024-2025 FAFSA Submission Summary (FSS) back from the federal government. The FSS with Student Aid Index (SAI) must be included with the application.

Direct any questions concerning this scholarship to FAME by calling 800-228-3734 or by emailing Education@FAMEmaine.com. Please mail the completed application with all supporting documents to the following address:

Finance Authority of Maine (FAME)
Attn: Maine Legislative Memorial Scholarship
PO Box 949

Augusta, ME 04332-0949



APPLICANT INFORMATION							
Last Name	First Name			MI	Date of Birth		
Maine County of Residence				Have you lived in year? ☐Yes	this county for at least one ☐No		
Street Address		Apt /Unit	City/State/Zip				
Mailing Address		Apt /Unit	City/State/Zip	ip			
Home Phone		Work Phone					
Cell Phone	ell Phone Email Address		Iress				
CONTACT PERSON INFORMATION	(This person must	always kn	ow the applica	nt's college addr	ess.)		
Last Name	First Name			MI	Date of Birth		
Street Address		Apt /Unit	City/State/Zip				
Mailing Address		Apt /Unit	City/State/Zip				
Home Phone		Work Phone					
Cell Phone		Email Add	Iress				
I							
SCHOOL & COMMUNITY ACTIVITIES							
List your most recent personally significant school and community volunteer activities (top five).							
Community Volunteer Activity / Club / Sport			Length of Participation (mm/yy–mm/yy)				
Your role or contribution:							
Community Volunteer Activity / Club / Sport				Length of Participa	ation (mm/yy–mm/yy)		
Your role or contribution:							



APPLICANT INFORMATION					
Last Name	First Name			MI	Date of Birth
SCHOOL & COMMUNITY ACTIVITIES (co	nt'd.)				
Community Volunteer Activity / Club / Sport			Length of F	Participati	on (mm/yy–mm/yy)
Your role or contribution:					
Community Volunteer Activity / Club / Sport			Length of F	Participati	on (mm/yy–mm/yy)
Your role or contribution:					
Community Volunteer Activity / Club / Sport			Lenath of F	Participati	on (mm/yy–mm/yy)
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Your role or contribution:					
WORK EXPERIENCE		T. 1. T. 0			
Employer		Job Title			
Location		Length of Employment	(mm/yy_mr	n/vv)	
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Employer		Job Title			
Location		Length of Employment	(mm/yy–mr	n/yy)	
Employer		Job Title			
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APPLICANT INFORMATION						
Last Name	First Name			MI	Date of Birth	
COLLEGE INFORMATION						
List the colleges in which you are interested (in order of preference) or school that you are attending and associated information:						
College Name		Intended Major/Program				
Location	Degree Sought Associates	□Bachelors	Cost of Attendance/Year helors		Year	
College Name		Intended Major/Program				
Location	Degree Sought Associates	□Bachelors	Cost of Atte	endance	Year	
College Name	I	Intended Major/Program				
Location	Degree Sought Associates	□Bachelors	Cost of Atte	endance	/Year	
College Name		Intended Major/Program	m			
Location	Degree Sought Associates	□Bachelors	Cost of Atte	endance	/Year	
SPECIAL FINANCIAL CIRCUMSTAN	ICES					
If applicable, describe any extenuating circums school counselor, who can support your descr	stances that make finan	cing your education espe You may be asked to pro	ecially difficu ovide docume	lt. Includentation	de references, such as a	



APPLICANT INFORMATION				
Last Name	First Name	MI	Date of Birth	
ESSAY QUESTION				
In 300 words or less, explain your educational goals difference in your ability to achieve these goals.		v this scho	larship would make a	
APPLICANT SIGNATURE AND CERTIFICATION				
I hereby certify that all of the information set forth on this form is true, correct and complete.				
Signature of Applicant		Date		