

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
  - 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 2026. 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.

**Application Deadline:**

The scholarship application and ALL supplemental documents must be submitted to Finance Authority of Maine (FAME) and postmarked by May 1, 2026. Materials received after the deadline will not be considered. **Please note:** although the application deadline is May 1, 2026, selection will occur early fall 2026. Funds will be disbursed Spring 2027.

**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
  - 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 2025-2026 Free Application for Federal Student Aid (FAFSA) **in time to receive** the 2025-2026 FAFSA Submission Summary back from the federal government. The FSS with Student Aid Index (SAI), income information for student and parents and number of family members, 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 this county for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	Apt /Unit	City/State/Zip	
Mailing Address	Apt /Unit	City/State/Zip	
Home Phone	Work Phone		
Cell Phone	Email Address		

## CONTACT PERSON INFORMATION *(This person must always know the applicant's college address.)*

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 Address		

## 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 Participation (mm/yy–mm/yy)
Your role or contribution:	

APPLICANT INFORMATION			
Last Name	First Name	MI	Date of Birth
SCHOOL & COMMUNITY ACTIVITIES (cont'd.)			
Community Volunteer Activity / Club / Sport		Length of Participation (mm/yy–mm/yy)	
Your role or contribution:			
Community Volunteer Activity / Club / Sport		Length of Participation (mm/yy–mm/yy)	
Your role or contribution:			
Community Volunteer Activity / Club / Sport		Length of Participation (mm/yy–mm/yy)	
Your role or contribution:			
WORK EXPERIENCE			
Employer	Job Title		
Location	Length of Employment (mm/yy–mm/yy)		
Employer	Job Title		
Location	Length of Employment (mm/yy–mm/yy)		
Employer	Job Title		
Location	Length of Employment (mm/yy–mm/yy)		

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 <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors	Cost of Attendance/Year	
College Name		Intended Major/Program	
Location	Degree Sought <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors	Cost of Attendance/Year	
College Name		Intended Major/Program	
Location	Degree Sought <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors	Cost of Attendance/Year	
College Name		Intended Major/Program	
Location	Degree Sought <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors	Cost of Attendance/Year	

SPECIAL FINANCIAL CIRCUMSTANCES
If applicable, describe any extenuating circumstances that make financing your education especially difficult. Include references, such as a school counselor, who can support your description of your situation. You may be asked to provide documentation.

**APPLICANT INFORMATION**

Last Name	First Name	MI	Date of Birth
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**ESSAY QUESTION**

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.

**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