

**MAINE STATE GRANGE
EDUCATIONAL AID FUND & HOWES NURSES' SCHOLARSHIP FUND**

* MUST BE MAILED TO J. PATRICK ELWELL, SEC. TREAS., 136 QUAKER LANE, SMITHFIELD, ME 04978, ON OR BEFORE SEPTEMBER 15TH.

* PLEASE COMPLETE ENTIRE APPLICATION. INCOMPLETE APPLICATIONS MAY BE REJECTED AT THE DISCRETION OF THE TRUSTEES.

* APPLICANT MUST HAVE COMPLETED AT LEAST ONE (1) YEAR AT AN ACCREDITED COLLEGE

* TRANSCRIPT MUST ACCOMPANY APPLICATION.

* RECIPIENT OR HIS/HER PARENT(S) MUST BE A MEMBER IN GOOD STANDING IN A MAINE GRANGE. (AFTER ONE AWARD, APPLICANT MUST BE A MEMBER TO APPLY.)

*** SIGNATURE OF MASTER OR SECRETARY OF GRANGE REQUIRED.**

NAME _____ DATE _____

MAILING ADDRESS _____

PHONE _____ E MAIL _____

PARENT(S) NAME(S) _____

MAILING ADDRESS _____

PARENT(S) GRANGE MEMBER(S)? YES _____ NO _____

IF YES, NAME & # OF THEIR GRANGE _____

COLLEGE OR POST SECONDARY SCHOOL YOU ATTEND _____

ARE YOU ATTENDING AT LEAST HALF TIME? YES _____ NO _____

SCHOOL ADDRESS _____

MAJOR _____ MONTH & YEAR YOU PLAN TO GRADUATE _____

AVERAGE LAST YEAR _____ CUMULATIVE AVERAGE _____

ARE YOU A GRANGE MEMBER IN GOOD STANDING? YES _____ NO _____

(IF YES) HOW LONG? _____ NAME & # OF GRANGE _____

IN WHAT GRANGE ACTIVITIES HAVE YOU PARTICIPATED? _____

HIGH SCHOOL ATTENDED _____ YEAR GRADUATED _____

HOW MANY SCHOLARSHIPS HAVE YOU RECEIVED FROM THE MAINE STATE GRANGE?

0 _____ 1 _____ 2 _____ 3 _____

PLEASE LIST SCHOOL ORGANIZATIONS OR ACTIVITIES IF ANY _____

PLEASE LIST COMMUNITY ORGANIZATIONS OR ACTIVITIES IF ANY _____

ARE YOUR PARENTS ASSISTING YOU WITH YOUR COLLEGE FINANCIAL OBLIGATIONS?

YES _____ NO _____ IF YES, WHAT PERCENTAGE? _____

LIST ANY WORK DONE TO ASSIST SELF _____

OTHER SCHOLARSHIPS RECEIVED _____

ARE YOU RECEIVING FINANCIAL ASSISTANCE FROM YOUR EMPLOYER FOR YOUR SCHOOLING?

YES _____ NO _____ IF YES, HOW MUCH? _____

HOW DID YOU HEAR ABOUT THE GRANGE EDUCATIONAL AID & HOWES NURSES'

SCHOLARSHIPS? _____

YOUR PLANS FOLLOWING GRADUATION? _____

COMMENTS _____

PLEASE REMEMBER TO FORWARD A COLLEGE TRANSCRIPT WITH THIS APPLICATION.

YOUR SIGNATURE _____

(SIGNATURE OF MASTER OR SECRETARY OF CERTIFYING GRANGE REQUIRED)

MASTER _____

OR

(GRANGE SEAL)

SECRETARY _____

NAME & NUMBER OF GRANGE _____

REV. 5/13

Items Considered by the Maine State Grange Educational Aid & Howes Nurses' Scholarship Fund Trustees in Awarding Scholarships

- Ⓢ For the first application Grange membership is not necessary if parent(s) are members, but it gives priority
- Ⓢ After receiving one award an applicant must show evidence of Grange membership
- Ⓢ An eligible student can receive a maximum of three scholarships from these funds
- Ⓢ Grade point average
- Ⓢ The applicant's activity in the Grange
- Ⓢ Employer reimbursement
- Ⓢ An applicant who is less than a full-time student could receive less than a full award
- Ⓢ The Trustees reserve the right to waive rules and guidelines as needed