

ID # (for office use only)

PLEASE PRINT OR TYPE

This scholarship is made possible by the Eaton Foundation and is available only to young adults aged 18-29

**APPLICANT DATA**

Mr.  \_\_\_\_\_  
 Ms.  Name (Last) (First) (MI) Social Security Number

\_\_\_\_\_  
 Mailing Address (Street) (City) (State) (Zip)

\_\_\_\_\_  
 Date of Birth (month, day, year) Telephone Number E-Mail Address

**EDUCATION DATA**

Have you applied or are you enrolled in a University/College? yes \_\_\_\_\_ no \_\_\_\_\_

Level of education:

- Some high school – through grade \_\_\_\_\_
- High school diploma
- Some college – through level \_\_\_\_\_
- Associate degree
- Bachelor degree
- Graduate degree \_\_\_\_\_

Program/course for which the scholarship is needed \_\_\_\_\_

School/organization providing this program/course \_\_\_\_\_

Semester \_\_\_\_\_

Are you a high school student? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, what year? \_\_\_\_\_

**PERSONAL DATA**

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week	Amount Earned

Can someone else claim you as a dependant for tax purposes? yes \_\_\_\_\_ no \_\_\_\_\_  
 If yes, submit copy of household income tax return with application. If no, submit copy of personal income tax return.

Describe the course and how it relates to your career objectives and future goals:

# Employer Sponsorship Form

## *Sunrise Fund Scholarship*

In exchange for this scholarship for tuition, I, \_\_\_\_\_ agree to  
allow \_\_\_\_\_ time off from work to attend training which will help in  
their career advancement.  
Employer  
Employee

The class/classes this employee needs to take is/are \_\_\_\_\_

Once completed, the training will make this employee eligible for promotion consisting of \_\_\_\_\_, with increased wage/benefits of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

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## ADDITIONAL INFORMATION

How did you hear about this scholarship program?

Are you willing to complete a tracking form if you receive a scholarship and complete annual surveys for five years to determine the impact of the assistance received? yes \_\_\_\_\_ no \_\_\_\_\_

## APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials

- Application
- All required signatures
- Benefit Data Information Sheet
- Proof of previous 12 months family income

Certification      In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Application To:      Sunrise County Economic Council  
Sunrise Scholarship Fund  
PO Box 679  
Machias, ME 04654

# Financial Worksheet

Name \_\_\_\_\_

Tuition and fees: \$ \_\_\_\_\_

Books and required materials: \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

Sponsorship (employer, etc.): \$ \_\_\_\_\_

Funding from other sources: \$ \_\_\_\_\_

Your contribution: \$ \_\_\_\_\_

TOTAL NEED \$ \_\_\_\_\_

The maximum benefit amount for CNA training is \$500  
The maximum benefit amount for CRMA training is \$300



*A Sunrise County Economic Council  
program to support educational attainment  
for Washington County young adults  
with assistance from  
the Eaton Foundation*