

ID # (for office use only)

PLEASE PRINT OR TYPE

This scholarship is made possible by the Eaton Foundation and is available only to Washington County residents who meet Low-to-Moderate income guidelines

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 scholarship amount is \$500.



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