



EHC Scholarship Guidelines 2023-2024

Overview

As a part of its mission, EHC wants to encourage qualified candidates who want to pursue careers in health care to do so. EHC realizes that the costs of college can present an obstacle for otherwise qualified candidates and therefore has established a scholarship program to recognize and support these students. EHC hopes that some, if not all, of these students, upon graduation, will provide services to people in need who live in the EHC Service Area.

Eligibility for an EHC Scholarship

The applicant must:

1. Be a US Citizen
2. Must reside in the EHC service area
3. Must have a HS GPA of 3.0 or higher or if in college have and maintain a GPA of 3.0 or higher
4. Must be graduating HS seniors
5. All applicants are expected to enroll in a health related major and continue to progress toward graduation in that major while receiving an EHC scholarship

Application Information

1. New

Applications for NEW scholarships must be submitted / postmarked no later than March 15th for support in the next school year. Funds are disbursed in July and new recipients are required to submit a copy of their academic schedule for the Fall Semester. Scholarship recipients are required to maintain a 3.0 average.

- Full EHC Application
- HS transcript
- Other information as deemed necessary by the Scholarship Selection Committee (Committee)

2. Continuing

Request for CONTINUING scholarship awards are due May 30th and must be accompanied by a transcript of the prior year's coursework reflecting a 3.0 GPA.

- New Continuation request form
- Transcript that includes most recent Spring Semester.
- The Committee will send Continuing Applications to the current recipients at the mailing address on their most recent New or Continuing application unless otherwise notified by the applicant

ALL applicants must be enrolled full-time defined as carrying a minimum of 12 credit hours per quarter/semester. Some exceptions may be accepted due to hardship on a case by case basis.

Eastport Health Care, Inc. is an Equal Opportunity Employer and Provider

Machias Family Practice
53 Fremont Street
Machias, Maine 04654
Phone: 207-255-8290
Fax: 207-255-4109

Machias Behavioral Health Center
53 Fremont Street
Machias, Maine 04654
Phone: 207-255-3400
Fax: 207-255-3401

Machias Podiatry Clinic
53 Fremont Street
Machias, Maine 04654
Phone: 207-255-8290
Fax: 207-255-4109

Calais Behavioral Health Center
55 Franklin Street
Calais, Maine 04619
Phone: 207-454-3022
Fax: 207-454-3099

Calais Podiatry Clinic
10 Palmer Street
Calais, Maine 04619
Phone: 207-454-8300
Fax: 207-454-7877



Eastport Health Care, Inc.

Our Specialty is YOU!

Rowland B. French Medical Center
Vogl Behavioral Health Center
30 Boynton Street
Eastport, Maine 04631
Phone: 207-853-6001
Fax: 207-853-6180

Date of Awards

- New scholarships will be selected on or before April 30th for announcement at respective High School Graduations in May
- Continuing scholarships will be awarded on or before June 30th
- No award may exceed four years

All continuing awards are contingent on funds being available.

Applications will not be considered that:

- Are incomplete
- Are not received / postmarked by the submission dates listed above.
- Do not have or did not maintain a 3.0 average in their last full semester/quarter of coursework.
- Change their major to non-health related major.
- Have not maintained full-time status in their last semester/quarter of coursework.

Decision making process

- The number and amount of the awards will be determined by the Committee based on funds available and the number of Continuing and new applicants.
- The Committee at its sole discretion may consider exceptions to any or all of these criteria on a case-by-case basis.
- All applicants who meet the basic criteria will receive a letter from the Committee thanking them for their participation and wishing them success in their career choice.
- Applicants not meeting the basic criteria will be notified of the reason that they could not be considered.

Criteria

- Award two Scholarships annually (\$1,000 each) based first financial information i.e. income and family size using FPLs and second on academics (GPA and SAT scores)

Other conditions: *payments will be made to all students in July. Payments will be made directly to the recipient. It is the recipient's responsibility to use these monies to pay their educational institution tuition.*

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Eastport Health Care, Inc. Scholarship Fund



TO THE APPLICANT:

Applicant must be entering into a health or medical related field. Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education, and who satisfy other criteria developed by the Eastport Health Care Scholarship Fund.

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. The Scholarship Committee reserves the right to process only applications found to be complete as of the application postmark deadline.

REMEMBER: This application becomes valid only when the following have been submitted:

- Signed application with complete applicant, school and demographic data.
- Awards and Personal Data form.
- Scholarship Recommendation Form.
- Applicant Appraisal and Transcript Information Form.
- Financial Assistance Questionnaire.
- Signed essay of your plans as they relate to your educational and career objectives and future goals.

Certification and Permission to use "Recipient Information" to Announce Scholarship Winners

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.

I agree that if I am offered and accept an award from the Eastport Health Care Scholarship Fund, the committee may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance our program.

Applicant's Signature _____ Date _____

Parent Signature (if student is less than 18 years old) _____

**Deadline for submission March 15, 2023
Eastport Health Care Scholarship Committee
P.O. Box H - Eastport, ME 04631**

ID #

AWARD AMOUNT

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. _____
Ms. Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

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

Name of parent/guardian _____

Permanent mailing address of parent/guardian if different from applicant
(Street) (City) (State) (Zip)
()
Telephone Number _____

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address (Street) (City) (State) (Zip) Telephone Number _____

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: _____
4-year College/University Vo-Tech
Community College Other
Accredited? Yes No

Address _____
(City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: Live on campus Live off campus Commute

Enrolled: less than half-time half-time or more full-time

Anticipated date of graduation from postsecondary program _____
(month) (year)

Major field of study applicant plans to pursue _____

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

- African American/Black Asian/Pacific Islander Hispanic/Latino American Indian/Alaska Native
- White/Caucasian Other (Please Specify) _____

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OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

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.

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

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) _____

Appraiser's Signature

Date

Title

()
Telephone Number

Appraiser's Business Address (Street)

(City)

(State)

(Zip)

TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks _____ in a class of _____ Cumulative grade point average _____/4.0 scale

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

ACT Standard English _____ Math _____

School Official's Signature

Date

Title

()
Telephone Number

School Address (Street)

(City)

(State)

(Zip)

APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

Application

All required signatures

Current Transcript of Grades

Application Deadline: **March 15, 2023**

Return Application To: Eastport Health Care Scholarship Committee
30 Boynton St
Eastport, ME 04631