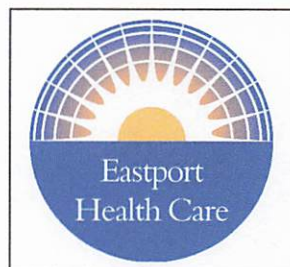


Eastport Health Care, Inc. Scholarship Fund



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, 2026
Eastport Health Care Scholarship Committee
30 Boynton St., 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 |
|----------|-------------------|-----------------|----------------|
| | | | |
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| | | | |

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 |
|----------|----------------------|--------------------------------------|----------|----------------------|--------------------------------------|
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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, 2026**

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