

ID # (for office use only)

Revised application 2017

This scholarship is available only to Washington County residents who meet Low-to-Moderate income and expect immediate employment or job advancement

APPLICANT DATA

Mr. _____
Ms. Name (Last) (First) (MI) Date of Birth (month, day, year)

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

()
Telephone Number E-Mail Address

EDUCATION DATA

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

How many people are in your household? _____

How many are wage earners? _____

Proof of **HOUSEHOLD** income for the past 12 months must accompany this application - submit a copy of your household income tax return or provide proof of State assistance (Medicaid, SNAP, TANF).

WORK EXPECTATIONS

(check one box)

- I am already working in this field - employer name: _____
- I have an opportunity for immediate employment with: _____
- I do not have employment lined up, but expect to find work in this field in the near future
- This training is a step toward continued education and/or a degree

PROGRAM GOALS

This Program provides scholarships of up to \$500 for Washington County residents, of low-to-moderate income, who will be attending a training and/or certification program that will increase their opportunities for immediate employment or job advancement.

Write an **ESSAY (at least 2 paragraphs)** that describes the training you wish to take and how it meets the program goal stated above. (Print in this box or attached a typed sheet)

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. I will also contribute \$_____ toward the cost of tuition.

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
- Completed essay
- All required signatures
- Proof of previous 12 months household 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: _____

Any questions? Call Jen at 207-255-0983

Return Application To: Sunrise County Economic Council
Sunrise Scholarship Fund
7 Ames Way
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 increased
employment opportunities
for Washington County residents*