

Shapleigh Community Day Scholarship

**Shapleigh Community Days Committee
Town of Shapleigh
Post Office Box 26
Shapleigh, ME 04076**

Name of Scholarship: **Shapleigh Community Day Scholarship**

Scholarship is given: **Annually if funding is available**

Scholarship amount: **\$1,000**

Scholarship Sponsor: **Shapleigh Community Days Committee**

Contact: **Board of Selectmen**

Email Address: **administrator@shapleigh.net**

Telephone: **207-636-2839, ext. 401**

Shapleigh Community Day Scholarship

CRITERIA

Applicant must be a resident of the Town of Shapleigh

Applicant must be a high school senior or higher

Applicant must be pursuing a degree in higher education

(Please select from one of the following:)

Two Year Program _____
Four Year Program _____
Technical/Vocational Program _____
Other (Please describe) _____

Selection Method: **Essay and/or personal presentation and proof of institutional acceptance.**

Application due: **No later than April 7, 2017**

Payment Method: **Paid directly to the institution to which the Scholarship recipient has been accepted.**

Shapleigh Community Day Scholarship

APPLICATION

NO. _____

First Name _____ **Middle Initial** _____ **Last Name** _____

Date of Birth: **Month** _____ **Day** _____ **Year** _____

Mailing Address: _____

Please

Address 1: _____

Address 2: _____

City: **Shapleigh** **State:** **Maine** **Zip Code:** **04076**

Telephone number for contact: _____

Email address: _____

The above information will be kept confidential by the designated contact person for this scholarship. A number will be assigned to your application so that the Shapleigh Community Days Scholarship Committee can grade your anonymous application on its merit alone.

Shapleigh Community Day Scholarship

APPLICATION (Continued)

NO _____

How long have you been a resident of Shapleigh? _____

What post-secondary education institution do you plan to attend? _____

Have you been officially accepted? _____

How much is the annual tuition? _____

Current student status: _____

High School graduation year: _____

What is your career goal: _____

Please answer one of the following questions in 250 words or less:

(You may be requested to make an oral presentation to the committee on the statement you choose)

- 1. How will winning this scholarship help you attain your goals?**
- 2. Tell us about a time “hard work” paid off.**
- 3. Describe your experience with community service and/or volunteering and how that affected you and your outlook on life.**

Your personal statement will be judged on its content and your writing style. Please focus on the substance of your answer. Remember the words of Thomas Jefferson who said, “The most valuable of all talents is that of never using two words when one will do.” Good luck.

Shapleigh Community Day Scholarship

APPLICATION (Continued)

NO _____

REFERENCES

List three (3) references we may contact:

1. School Guidance Counselor

Name: _____

Please Print

Telephone Number: _____

Email Address: _____

2. One Teacher

Name: _____

Please Print

Telephone Number: _____

Email Address: _____

3. One person of applicant's choice

Name: _____

Please Print

Telephone Number: _____

Email Address: _____