

SCHOLARSHIP APPLICATION FORM

The Northeast Harbor Library Scholarship Program

(Serving the Villages of the Town of Mount Desert)

PO Box 279 ▪ Northeast Harbor, ME 04662

Telephone: 207-276-3092 ext. 103 ▪ Fax: 207-276-3315

Website: www.nehlibrary.org ▪ Email: lwillev@nehlibrary.org

Please Answer All Questions

Date: _____

I, _____ of _____,
(Town of legal domicile)

Hereby apply to the Northeast Harbor Library Scholarship Committee for financial assistance to continue my education.

Full Name _____ Age _____

Email Address _____ Yr. of High School Graduation _____

Mailing Address _____

Home Phone # _____ Cell Phone # _____

Name & Address of College or School _____

Course of Study _____ Degree to be awarded _____

Time Required for Full Course _____ Number of Years Completed _____

FAMILY INFORMATION

Mother's Name _____ Tel: _____

Address _____

Occupation or Type of Business _____

Father's Name _____ Tel: _____

Address _____

Occupation or Type of Business _____

Please attach a brief essay describing your educational goals, academic accomplishments, extra-curricular interests and involvement in community service programs.