



Calumet Educational & Literary Foundation, Inc.

Application Deadline - April 15

Albert "Pete" Gagne Scholarship

General Guidelines: Applicant must be a member of the graduating class of Cony High School or Messalonskee High School and demonstrated financial need and scholastic achievement. In addition, sons and daughters of either Gagne and Son or current members of the Calumet Club are eligible to apply for the scholarship. Applicant must be accepted for admission to an accredited post-secondary school.

Name: _____ Telephone: _____

Street: _____ Date of Birth: _____

City/State/ZIP: _____ Last 4 of Social Security #: _____

Email Address: _____

College Attending: _____

Are you the first in your family to attend college: YES _____ NO _____

In an effort to help the committee make the informed selection possible, please attach a letter stating why you should be awarded this scholarship, and complete this form. Failure to complete any part of this application may weigh adversely on the final decision. All information will be kept strictly confidential by the selection committee.

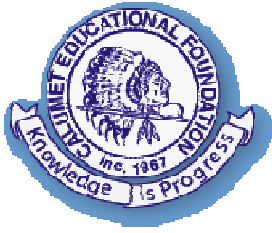
List the three (3) references submitting Recommendation Forms which are included on the following pages:

Your completed application **MUST** include all items in **ONE** package and be organized in the following order:

- () A copy of your STUDENT AID REPORT (SAR) from the U.S. Department of Education, **MUST** be included with this application. This **MUST** include the Expected Family Contribution (EFC).
- () A copy of the official high school transcript including the current class standing; and
- () A list of participation in school activities.
- () Recommendation describing the applicant's character and personality with reference to such qualities as maturity, self-motivation, and potential for success in pursuing this degree
- () Your letter stating why you should be awarded the Albert "Pete" Gagne Scholarship.

Please mail completed application to the address shown below.

IF YOU ARE APPLYING FOR MULTIPLE SCHOLARSHIPS PLEASE INCLUDE SEPARATE DOCUMENT COPIES OF ALL LISTED ITEMS FOR EACH INDIVIDUAL SCHOLARSHIP.



Calumet Educational & Literary Foundation, Inc. Scholarship Recommendation Form

Scholarship Deadline – April 15

You have been asked to provide information in support of the following student's application for scholarship assistance. In fairness to the student and to those who must process the application, please give early and serious attention to this request and return the completed form to the scholarship chairperson at the address below. Thank you.

Applicant's Name: _____

Address: _____

College: _____

The above listed student has applied for scholarship assistance and has given your name as a reference. By completing this form, you will make it possible for the applicant to be considered for this scholarship.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

How well do you know the applicant? _____

Please circle the appropriate rating on the following items. **One is the highest rating, and five is the lowest.**

Based on the applicant's ability and capabilities, he/she has made a wise and realistic choice for a post-secondary educational program. 1 2 3 4 5

The applicant exhibits a strong commitment to studies. 1 2 3 4 5

The course of study is appropriate for the applicant's future plans. 1 2 3 4 5

Contributions to school activities. 1 2 3 4 5

Achievement records reflect ability. 1 2 3 4 5

Emotionally capable of coping with post-secondary academic requirements. 1 2 3 4 5

Career choice is realistic. 1 2 3 4 5

Attitude will be an asset to educational and career plans. 1 2 3 4 5

Your personal expectation of academic success. 1 2 3 4 5

Your personal expectation of career success. 1 2 3 4 5

Additional recommendations may be submitted in letter form describing the applicant's character and personality with reference to such qualities and maturity, self-motivation, and potential for success.

Your signature: _____

Title: _____

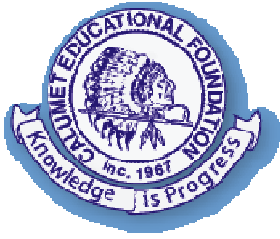
Printed Name: _____

Telephone: _____

Please return this form to Scholarship Chairman

Calumet Educational & Literary Foundation, Inc.
P.O. Box 2085, Augusta, ME 04338-2085

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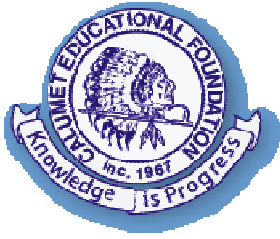
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