

CALUMET EDUCATIONAL FOUNDATION, INC.

GRANT APPLICATION

(Please read and follow directions *explicitly*)

Eligibility Requirements:

1. Any student residing within the boundaries of Zip Codes 04300 to 04399,

OR

Any member of the Le Club Calumet in good standing at the time of the application, or the son or daughter of such a member that is living with the member."

2. A grant will only be considered from **only a full time** student of an accredited college or institute whose fall academic standings are:
 - a) Sophomores, Juniors, or Seniors of a four-year college degree program.
 - b) Second, third, fourth, or fifth year students of a five-year college degree program.
 - c) First and second year students of a two-year Associate Degree Program.
 - d) First and second year students of a two-year Associate Degree Program from a Vocational or Technical Institute.

Application Requirements: (Please use the boxes to check off that you have all the documentation before mailing in your application to prevent delays or possible denials.)

1. A **COMPLETED** application **MUST** be mailed *no sooner than June 1st* and post marked *no later than AUGUST 15th* annually to:

Calumet Educational Foundation, Inc.
P. O. Box 2085
Augusta, Maine 04338-2085

2. A complete ***official*** college or institute transcript **issued by** the Registrar's Office **MUST** be included with the application.
3. A copy of the ***entire*** Student Aid Report (SAR) with **the Expected Family Contribution (EFC) number** as computed by the U.S. Department of Education **MUST** be included with the application.

Information:

1. An incomplete or late application may be returned or simply denied.
2. An explanation of **EXTRAORDINARY CIRCUMSTANCES**, which might impact our consideration of this application, may be included.
3. The student will be notified in November of grant approval or denial.
4. Upon receiving verification of enrollment and attendance at the college/institute on or prior to December 15th, distribution of the grant will be made after January 1st of the year following approval of the award.
5. Any verification of enrollment received after the third Tuesday of January following the award approval will be denied, unless waived by the Trustees due to very extenuating circumstances.
6. Grants to a student will be limited to a maximum of four awards or an aggregate sum of no more than \$3,000 over a four-year period.
7. *Any grant applicant who has received a scholarship from the Foundation of \$1,000 or more for the same academic year will automatically be ineligible and denied from receiving a grant.*

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GRANT APPLICATION

Name: _____ Date of Application: _____
Address: _____ Date of Birth: _____
City: _____ Social Security No(last four nos.): _____
State: _____ Zip Code: _____ Telephone Number: _____

Are you or your Parent a member of Le Club Calumet? _____

Student is: a) Single () b) Married () c) Divorced () d) Number of Dependents ()

Student has been accepted and will be attending the following College or Institution:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

College year for which assistance is requested: (i.e. 2009-2010): _____

Student is enrolled in: **4 or 5 year college ()** **Associate Degree or Voc. Tech. ()**

Which Year:

- | | |
|-----------------------------|--------------------|
| a) 2 nd year () | a) First year () |
| b) 3 rd year () | b) Second year () |
| c) 4 th year () | |
| d) 5 th year () | |

PLEASE NOTE: Before mailing, please make sure that the following two documents are attached with the **completed** application to prevent delays or possible denials!

Official College Transcript from the Registrar's Office

Copy of **entire** Student Aid Report with EFC # from the US Depart. of Education

(Check the boxes to ensure that the requested documents are attached.)

Please complete back page

Rev 4/17

PARENTS (Father and Mother) – Current Information

Father's Name: _____	Employed by: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Telephone Number: _____	
Mother's Name: _____	Employed by: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Telephone Number: _____	
Number of Dependents: _____	Number in Family in College: _____

Applicant's Affirmation

To the best of my knowledge, the information is complete and current. I understand that all information in connection with this application will be kept confidential and I further understand that failure to complete any part of this application or falsification of any information will result in my request being denied.

Signature of Applicant: _____

Signature of Parent: _____

APPLICATION DEADLINE: AUGUST 15TH ANNUALLY