



THE MAINE STATE SOCIETY OF WASHINGTON, D.C. FOUNDATION, INC.
SCHOLARSHIP APPLICATION
(Type or Print All Information)

Applicant's Name: _____

Date and Place of Birth: _____

Mailing Address: _____

Name and address of institution attending: _____

Phone #: _____

Current total course hours: _____

Student ID #: _____

Resident of Maine? If Yes, for how long? _____

Original date of Matriculation: _____

If Applicant was not born in or has not resided in Maine, explain parent's connection to Maine: _____

Indicate by (X) that the following are attached:

Composition ()

Work Sample ()

Transcript ()

Registrar's Certificate ()

APPLICANT'S CERTIFICATION OF UNDERSTANDING CONCERNING CURRENT TERM GRADES

I understand that if I am selected to receive a scholarship, I must receive satisfactory grades at the end of the preceding term which will qualify me, according to my institution's standards, to enroll in the next term, full-time, and continue without restrictions (such as academic probation or course load reductions) as a 4 or 5 year undergraduate degree candidate.

Signature : _____ Date : _____

THE MAINE STATE SOCIETY OF WASHINGTON, D.C. FOUNDATION INC. SCHOLARSHIP PROGRAM
CERTIFICATION OF THE COLLEGE OR UNIVERSITY REGISTRAR

I, _____ hereby certify that _____ is enrolled
(Typed Name of Registrar) (Typed Name of Student)
full-time in _____ semester hours, or the equivalent in quarter hours or courses under a course system, or is enrolled full-time in a combined college/university or other postsecondary Institution approved by the college/university program which leads to a 4 or 5 year degree at _____ and is a candidate for a 4 or 5 year undergraduate degree.
(Typed Name of Institution)

Applicant Student ID #: _____

Signature of Registrar

Typed Title

Date

Mail application not later than April 1st to:
Maine State Society of Washington, DC Foundation Scholarship Program
c/o Joan M. Beach

4718 Columbia Road, Annandale, VA 22003-6110