**MAINE HARNESS HORSEMEN'S ASSOCIATION**

**SCHOLARSHIP APPLICATION**

APPLICANT'S FULL NAME DATE OF BIRTH ADDRESS PHONE NUMBER FATHER/GUARDIAN'S NAME OCCUPATION MOTHER/GUARDIAN'S NAME OCCUPATION

NUMBER OF DEPENDENT CHILDREN IN FAMILY # OF CHILDREN IN COLLEGE

NAME OF SCHOOL/COLLEGE ATTENDING FIELD OF STUDY

HOUSING (please check one): ON CAMPUS OFF CAMPUS COMMUTING FROM HOME

DID YOU FILE A FAF WITH THE COLLEGE SCHOLARSHIP SERVICE (CSS) IN PRINCETON, NJ : YES NO If yes, provide the same information as Resources #1 and 2a,b,c as you did the FAF

from the report you received from CSS.

**COLLEGE EXPENSES** RESOURCES

Tuition & Fees 1. Family Contribution (determined by CSS): Student Room & Board 2. Student Contribution :

a. Savings

Books and Supplies b. Est. Summer Income

c. Est. School Year Income

Transportation 3. Financial Aid Received a. From College

Personal Expenses 1. Pell Grant

2. Supplemental Educational

Opportunity Grant

|  |  |
| --- | --- |
| **TOTAL EXPENSES** | 3. Direct Student Loan  4. Work Study |
|  | 5. College Scholarships  6. Loans |
| **TOTAL EXPENSES** | b. Guaranteed Student Loan c. Parental Plus Loan |

d. Other Resources/Gifts (Social Security,

**TOTAL RESOURCES** VA Benefits, etc.)

**FINANCIAL NEED TOTAL RESOURCES**

|  |  |  |
| --- | --- | --- |
| PLEASE ANSWER THE FOLLOWING QUESTIONS: |  | |
| 1. Have you applied for financial aid through your college / school? | Y | N |
| 2. Have you applied for State of Maine Scholarship Aid? | Y | N |
| 3. Have you applied for a Guaranteed Student Loan? | Y | N |
| 4. Have you applied for a Federal Pell Grant? | Y | N |

5. To what other local, regional, or national scholarship programs have you applied? Please list:

6. Are you a member of M.H.H.A.? Y N How long? yr

7. Are your parents, grandparents or guardians members of M.H.H.A.? Y N How long? yr

The Scholarship Committee requires the following: most recent High School or College Transcript. The Scholarship Committee will take into consideration the following, if you desire to provide them:

Letters of recommendation from educators, employers, members of M.H.H.A., etc. (maximum 4) Any special circumstances - please explain on a separate sheet of paper

**DEADLINE FOR FILING IS DECEMBER 1.**

STATEMENT:

All information on this form is true and complete to the best of my knowledge. Applicant's Signature Date Parent/Guardian Signature Date

Return to: **M.H.H.A.**

**P.O. Box 436**

**Augusta, ME 04332-0436**