

# Kennebec Valley Community College

## MICKEY MARDEN MEMORIAL SCHOLARSHIP APPLICATION

**For incoming students who will begin a degree, certificate or diploma program in fall, 2009 and are SAD 49 graduates, residents of the Town of Albion, or Marden's employees/dependents of employees.**

**The application deadline is JULY 15, 2010**

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
5. Male or Female (Optional): \_\_\_\_\_ Date of Birth: \_\_\_\_\_
6. Ethnic or Cultural identification (Optional): \_\_\_\_\_
7. Intended KVCC Program: \_\_\_\_\_ Major (if applicable): \_\_\_\_\_
8. High school graduated from: \_\_\_\_\_
9. Year graduated high school: \_\_\_\_\_ First-time in College: Y ( ) or N ( )
10. If no, other post-secondary institutions (colleges) attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Did you apply for financial aid for your attendance at KVCC? \_\_\_\_\_  
If not, you must fill out a Free Application for Federal Student Aid (FAFSA) form. For an application packet and instructions, please contact the Financial Aid Office at 453-5126.
12. Have you or a family member ever been an employee of Marden's? \_\_\_\_\_  
\_\_\_\_\_
13. List all activities in which you have participated (i.e. in high school, at prior colleges, in the community) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued, page 2)

14. Indicate special abilities, personal accomplishments, awards received, or other qualities you possess which qualify you for this scholarship.

---

---

---

---

15. What is the career goal you plan to reach through completion of your program at KVCC? Explain your reasons for selecting this goal.

---

---

---

16. Please attach a brief essay detailing information about your personal background, financial need, educational goals, and career goals.

17. Using the forms below, please attach two references (from teachers, guidance counselors, co-workers, friends) who can recommend you for this scholarship.

---

(Student's Signature)

(Date)

## Scholarship Recommendation Form

To be completed by the student. (Please print or type)



Name \_\_\_\_\_ Program \_\_\_\_\_ Major \_\_\_\_\_  
 Last First

=====

To be completed by the person writing the reference: (Please print or type)

Please provide adequate and reliable information about the person named above. This information will be reviewed by the members of the scholarship committee.

Please <u>check</u> the Appropriate Column	Outstanding (3)	Above Average (2)	Average (1)	Below Average (0)	Unable to Evaluate (NA)
Community Service/Involvement					
Academic Ability (If Applicable)					
Communication Skills (Written/Oral)					
Leadership Abilities					
Dependability					
Judgment Skills					
Work Ethic (If Applicable)					

Please provide additional information concerning the scholarship applicant if needed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommendation: (Check most appropriate) Highly Recommend ( ) Recommend ( ) Recommend with Reservation ( )

Signature \_\_\_\_\_ Position/Title \_\_\_\_\_

This recommendation is Confidential ( ) Non-Confidential ( ) (Non-confidential recommendation will be shared with student upon request.)

**Please return to the Financial Aid Office, Kennebec Valley Community College, 92 Western Ave., Fairfield, ME 04937**

Financial Aid Office  
Kennebec Valley Community College  
92 Western Avenue  
Fairfield, Maine 04937-1367  
(207) 453-5121

## Scholarship Program

### RELEASE OF CONFIDENTIAL INFORMATION

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) Program: \_\_\_\_\_ Year in College: \_\_\_\_\_

Credit Hours Completed (including prior college transfer credits): \_\_\_\_\_

I give the Kennebec Valley Community College Financial Aid Office permission to release my financial aid and academic information to the president of KVCC and a designated official of the scholarship sponsor. Also, information I provide on the Scholarship application may be shared with these individuals. I give permission to the KVCC Financial Aid Department and the KVCC Scholarship Committee to use data from my high school transcripts, GED records, KVCC and other college transcripts, financial aid applications, reports and award letters. I understand that their sole use of the material is to determine eligibility and to evaluate the progress of the Scholarship Program. Further, I understand that all officials of KVCC and representatives of the scholarship sponsor will maintain confidentiality of the data.

Signature \_\_\_\_\_

Date \_\_\_\_\_