



Lemieux-Lovejoy Youth Scholarship

Information for Scholarship Applicants

The BPW/Maine Futurama Foundation awards a scholarship for \$3,000 to a high school senior woman or recent graduate who will enroll in an accredited college or training program in the fall of more than one year in length.

Rachel E. Lemieux was a member of the Augusta BPW and helped to establish and serve on the original Futurama Craft Fair Committee which started the funding of Futurama scholarships. Arline Andrews Lovejoy was a member of the Winthrop BPW and served the BPW/Maine Federation on both the Futurama and Scholarship Committees.

This scholarship is designed to assist a female student in meeting the educational expenses for the first year of post-secondary study. The scholarship payment will be made directly to the school to be applied to the second academic term. The Maine Community Foundation will send a check in early December to school/college; if student is still enrolled, both school/college and student must sign check.

Criteria

The applicant must meet the following requirements:

- Be a Maine resident who will graduate or has graduated from high school and who will enroll as a first-year student in an accredited college or post-secondary education this year.
- Demonstrate financial need in order to complete educational program.
- Have a realistic goal relating to educational plans.

Requirements

Applications should include the following items, submitted in a single email, with all required documents combined into one PDF file (do not send multiple documents or emails):

1. Completed application form, **with statement of financial need completed by a Financial Aid Official or School Counselor**. See Page 2. Please download and save the fillable application form to your desktop before typing in your responses.
2. Copy of high school transcript.
3. Verification of acceptance from the college or school.
4. Two letters of recommendation pertinent to this application. These may be from school officials, teachers, employers, or other persons not related to the applicant.
5. A statement by the applicant describing educational, personal and career goals.

Only applications that include all required materials combined into a single pdf will be considered.

The deadline for completed applications is **April 15**. Late applications will not be considered.

Please email all application materials as a single, combined PDF to

FuturamaFoundation@gmail.com The current application form is available on the Futurama Foundation's website: <https://bpwmefoundation.org/>



Lemieux-Lovejoy Youth Scholarship Application

Name: _____ Age: _____

Mailing Address: _____ Telephone Number: _____

City, State: _____ Zip: _____ Email Address: _____

High School Attended: _____ Enrolled Dates: _____ Grad Date: _____

College Attending: _____ Expected Grad Date: _____

Major/Area of Study: _____ Attending Full Time ___ Part Time ___

If a program other than college, please describe: _____

Current Employer: _____

Annual Income: _____ Amount of Income/Savings used for educational expenses: _____

Marital Status: _____ If married, please provide combined annual income: _____

During the school year, where will you be living? At home: ___ On Campus: ___ Off Campus: ___

List family members attending college (i.e., siblings, children, spouse/partner):

Table with 3 columns: Siblings, Children, Spouse/Partner; Institution Enrolled; Age

Note: If you have additional information relevant to this application, please submit a separate document detailing it. For example, medical circumstances or unusually high childcare costs.

Statement of Financial Need for the Ensuing Academic Year

Financial Aid Award for Academic Year

Total Grant Funds: \$ _____

Total Scholarships: \$ _____

Total Direct Loans: \$ _____

Total Private Loans: \$ _____

Other Aid: \$ _____

TOTAL All Financial Aid: \$ _____

Estimate Estimated Expenses

Tuition/Fees: \$ _____

Books/Supplies: \$ _____

Room/Board: \$ _____

Travel/Miscellaneous: \$ _____

TOTAL Expenses: \$ _____

Effective Family Contribution (Student portion): _____ Effective Family Contribution (Parent portion): _____

Name of Financial Aid Official or School Counselor: _____

Title: _____ Signature: _____ Date: _____

I hereby apply for the above scholarship and agree to conform to all the regulations governing it. The above statements are certified to be true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____