



## Lemieux-Lovejoy Youth Scholarship

### Information for Scholarship Applicants

The BPW/Maine Futurama Foundation awards a \$3,000 scholarship to a Maine resident who is a female high school senior or GED recipient and who will enroll this fall in an accredited college or training program lasting more than one year.

Rachel E. Lemieux was a member of the Augusta BPW and helped establish and serve on the original Futurama Craft Fair Committee, which launched 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 help students meet the educational expenses during the first year of post-secondary study. The scholarship payment will be made directly to the school and applied to the second academic term. The Maine Community Foundation will send a check in early December to the school or college. Both the student and the school or college must sign the check.

### Criteria

- Be a Maine resident who will graduate or has graduated from high school or a GED program and who will enroll as a first-year student in an accredited college or post-secondary education this year.
- Demonstrate financial need.
- Have clear educational, personal, and career goals.

### Requirements

Only applications submitted as a single, combined PDF file in one email will be considered. Do not send multiple attachments or emails.

1. **Application Form:** Complete the form, including the statement of financial need signed by a Financial Aid Official or School Counselor. If available, attach the Financial Aid Award letter from your institution. See Page 2. Always download the form to your desktop before typing.
2. **Transcript:** Provide a copy of your high school transcript.
3. **Verification:** Proof of acceptance from the college or school you plan to attend.
4. **Recommendation Letter:** Submit one letter from an unrelated person, such as a teacher, counselor, or supervisor.
5. **Personal Statement:** Include an essay of 500 words or more describing your educational, personal, and career goals. The statement should also explain your financial need and why this scholarship is important to your goals.

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](mailto:FuturamaFoundation@gmail.com).



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: \_\_\_\_\_