



# Mt Blue High School

129 Seamon Rd., Farmington, ME 04938  
Tel: (207)778-3561 Fax: (207)778-3564 Website: mtbluersd.org

## School Counseling Office

School Counselors: Gerri Chesney, Julie Talmage, Anna Peterson  
Registrar: Melanie Prescott Secretary: Debbie Boll

February 13, 2024

**Dear Student/Parents:**

The majority of the awards/scholarships covered by this application are need based. The information obtained regarding this application process is completely confidential and will be shredded after awards are presented. The sole purpose of this application is to assist in the selection of recipients.

***Many other resources and scholarships are available from agencies outside Mt. Blue High School and have specific applications. Most applications are available (or will be soon) online at <https://www.mtbluersd.org/hs/school-counseling/scholarships> select "School Counseling Office" then "Scholarships". Many external scholarships are awarded by departments, clubs, coaches, towns, the State, etc.***

The 2024 Awards Night Ceremony will be held in Bjorn Auditorium Tuesday, June 4th at 6:00pm. This will be a mandatory graduation event for seniors receiving scholarships. Recipients will be notified prior to this event.

Please take a few minutes and complete this scholarship application.

Sincerely,

*Scholarship Committee, MBHS*

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## UNIVERSAL SCHOLARSHIP APPLICATION 2024

This packet is due in the School Counseling Office **no later than 2p.m. on April 26th .**

Make certain each box is checked and all information completed.

NAME: \_\_\_\_\_

### *Checklist for Universal Scholarship Application:*

### REQUIRED: *Must be provided by you, the applicant!*

- Completed application typed or in blue or black ink and **SIGNED** by student.
- Copy of the confirmation page of your online FAFSA, or the first page of your SAR (Student Aid Report) from the FAFSA, either includes the EFC (Expected Family Contribution).
- Copy of formal letter of acceptance from your college.
- Copy of the financial award letter from your college.

**(If any of these required items are unavailable, submit this application on time and make arrangements with Counseling Office to submit missing items once received).**

### OPTIONAL:

- Written statement that explains any extenuating circumstances that your family has recently experienced that will affect your ability to pay for college. Please attach.

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Name of Student: \_\_\_\_\_

Name of parent/guardian with whom you reside: \_\_\_\_\_

Parent(s)/Guardian(s) occupation and employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of people living in the home: \_\_\_\_\_

Ages of siblings/step-siblings: \_\_\_\_\_

Total number of household members attending college next year (including yourself): \_\_\_\_\_

College/school you will attend: \_\_\_\_\_

Intended program of study: \_\_\_\_\_

Current career goals: \_\_\_\_\_

Do you plan to work to supplement your financial aid with summer or school year  
employment: \_\_\_\_\_

Intended college activities (sports, music, art, etc.): \_\_\_\_\_

Please list any or attach a resume of; extracurricular activities, community activities/volunteer  
or work experience while in high school:

\_\_\_\_\_

\_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_