AROOSTOOK SAVINGS & LOAN
Your Home Bank

AROOSTOOK COUNTY FEDERAL SAVINGS AND LOAN ASSOCIATION

# SCHOLARSHIP FUND APPLICATION

Application Deadline: **Friday, May 7, 2027**

*Helping you achieve your educational goals with up to $4,000 in scholarship funds.*

Name: _____ Phone: _____
Last First Middle Initial

Residence: _____
Street/Road City State Zip Code

Mailing Address: _____
Street No./PO Box City State Zip Code

## EDUCATIONAL BACKGROUND

High School Attended: _____

Student Status: ☐ High School Senior ☐ College Student with _____ year(s) completed.

GPA: _____ (Attach a copy of your grade transcript.) National Honors Society Member: ☐Yes ☐ No

Class Rank: What is your grade standing in your class? ☐ Top 5%, ☐ Top 10%, ☐ Top 15%, ☐ Top 20%, ☐ Over 20%

## AROOSTOOK SAVINGS & LOAN MEMBERSHIP

Are you or an immediate family member, a member of Aroostook Savings & Loan? ☐ Yes ☐ No

If yes, please list each member's full name and relationship to you (parent, legal guardian, sibling, grandparent) and type of account(s). (Attach details as **Item #1** on a separate sheet of paper)

## EXTRACURRICULAR AND COMMUNITY INVOLVEMENT

- List all high school and/or college activities and any leadership positions you have held. (Attach this list as **Item #2**)
- List all civic organization and community volunteer activities in which you have participated in. (Attach this list as **Item #3**)

## HIGHER EDUCATION PLANS

College/University you plan to attend: _____

Accepted Major: _____

Duration of Program: ☐ 2-year ☐ 4-year or more (Attach acceptance letter from college/university)

Why did you choose this college/university? _____

_____

## CAREER GOALS

What are your career plans after graduation? (Attach details as **Item #4**)

## SUBMISSION AND CONTACT INFORMATION

Submit your application by **Friday, May 7, 2027** at your local Aroostook Savings & Loan branch in Caribou or Presque Isle.
**Questions?** Contact our Caribou office at (207) 498-8726 or our Presque Isle office at (207) 764-6591.

**Before submitting this application, please carefully review the Scholarship Fund Program guidelines.**
By signing below, I certify that I have read and understand the program requirements, and that I have included all required supporting documents. I acknowledge that incomplete applications will not be considered. My signature affirms my agreement to the terms and conditions outlined in the **Scholarship Fund Program.**

**Applicant's Signature:** _____ **Date:** _____

*Thank you for your interest in the Aroostook Savings & Loan Scholarship Fund Program.*