



Application for Financial Aid

Return by May 1 to: Treasurer, Guilford Rotary Club MEF, 2415 Boston Post Rd., Unit 14, Guilford, CT 06437

Requirements for Consideration

1. Completed **Finanacial Aid Application**
2. At least **3 reference letters** (include telephone numbers and email addresses)
3. **Personal essay**. Tell us about yourself, including your goals, interests, public service activities, academic and extra-curricular accomplishments, and any other items to support your request for financial aid.
4. **Personal interview**. We will schedule interviews for all applicants being considered

If you have received a scholarship or loan from the MEF in the past, and you are applying again, references are not necessary. Provide us with your updated status and any new information to support your application.

Name _____
Address _____
Current school/occupation/class _____
Phone# _____ email address _____
Parent(s) Occupation(s) _____

Parent(s) email address _____

List siblings that now attend college _____
College _____ Class _____

Educational institution you plan to attend _____

Have you been accepted? Yes / No Projected major/focus _____

FINANCIAL INFORMATION

Costs per year: Tuition _____ Room and Board _____
Miscellaneous (books, transportation, fees, etc.) _____
TOTAL ESTIMATED COSTS PER YEAR _____

Financial Resources: Approved school scholarship _____
Work Study _____
Other scholarship/aid _____
Family contribution _____
Your personal contribution from savings _____
Loan amount _____
Projected contribution from summer job/ work _____
Other source _____
Total ESTIMATED FUNDS PER YEAR _____

Please attach at least 3 letters of recommendation from references

Names _____

Community / Charity / Volunteer Service _____

Academic Achievements/GPA/Transcript

Applicant and Parent Statement/Agreement to Re-pay I hearby acknowledge and agree that in the event I receive an interest-free loan from the Memorial Educational Fund, Inc., I will repay the loan, commencing immediately following either (a) the completion of my educational program, or, (b) withdrawal from the program, whichever occurs first, in a time not to exceed five years.

Applicant _____ Parent _____
Date _____ Date _____