



### Application for Financial Aid

**Return by April 19** to: Treasurer, Guilford Rotary Club MEF, 2415 Boston Post Rd., Unit 14, Guilford, CT 06437

#### Requirements for Consideration

1. Completed **Financial Information (below)**
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 hereby 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 \_\_\_\_\_