

**APPLICATION FOR THE 2017 MSEA/SEIU HOWARD L. BOWEN, MURRAY L. BROWN,
GEORGE A. DAVALA, RICHARD J. MCDONOUGH, AND MAINE COMMUNITY COLLEGE
SCHOLARSHIPS
(FOR FULL-TIME STUDENTS ONLY)**

APPLICANT INFORMATION

FULL NAME _____

MAILING ADDRESS _____

SOCIAL SECURITY NUMBER _____ HOME PHONE _____

NAME & MAILING ADDRESS OF COLLEGE/SCHOOL YOU PLAN TO ATTEND _____

COURSE OF STUDY YOU PLAN TO TAKE (if known) _____

DATE OF ACCEPTANCE _____ LENGTH OF COURSE (Years, months, etc.) _____

NAME & ADDRESS OF HIGH SCHOOL FROM WHICH YOU ARE TO GRADUATE _____

DATE OF GRADUATION _____

GUIDANCE DIRECTOR/COUNSELOR'S NAME _____

APPLICANT'S INCOME FROM ALL SOURCES (if any) _____

MSEA MEMBER INFORMATION

Please complete the following information about the MSEA member who qualifies you for the MSEA scholarships:

MSEA MEMBER'S NAME _____

MAILING ADDRESS _____

HOME PHONE _____ WORK PHONE _____

MSEA CHAPTER/LOCAL TO WHICH MEMBER BELONGS _____

APPLICANT'S RELATIONSHIP TO MEMBER _____

(Please see attached info sheet for list of qualifying relationships)

NAMES & AGES OF OTHER DEPENDENT'S RESIDING IN MEMBER'S HOUSEHOLD _____

MSEA MEMBER'S INCOME FROM ALL SOURCES _____

over please

OTHER PARENT/GUARDIAN INFORMATION

OTHER PARENT'S/GUARDIAN'S NAME _____

MAILING ADDRESS (If different from above) _____

HOME PHONE _____ WORK PHONE _____

OTHER PARENT'S INCOME FROM ALL SOURCES _____

NAMES & AGES OF DEPENDENT'S (if different from member's listed above) _____

NO APPLICATION WILL BE CONSIDERED UNLESS ALL REQUIREMENTS ARE MET.

PLEASE NOTE: *It will be necessary for you to ask each of your references to send his/her letter of recommendations to the chairperson of the MSEA Scholarship Committee. Applications and accompanying data should be mailed to the chairperson of the MSEA Scholarship Committee, 65 State Street, Augusta, ME 04330.*

ALL INFORMATION MUST BE RECEIVED NO LATER THAN APRIL 21, 2017.

I do do not give my permission for the MSEA Scholarship Committee to forward a copy of this scholarship application and all required information to my MSEA-SEIU chapter /local for consideration of a chapter/local scholarship if available.

Signature of MSEA/SEIU Member _____