 Bill Taylor Scholarship Application

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Study (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address of College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CMUSBC Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA (4.0 scale): \_\_\_\_\_\_\_\_Expected Graduation Date: \_\_\_\_\_\_

Please attach or send separately:

1. A one to three page description of your academic and career goals and significant achievements to date.
2. An official transcript from the school you attend.
3. A list of after school activities, hobbies, clubs, organizations or volunteer organizations or community service activities you have been involved with.
4. Two letters of recommendation; one from a faculty member and one from you sponsor.

FOR SCHOLARSHIP COMMITTEE USE ONLY

\_\_\_Transcript OK

\_\_\_Paper OK

\_\_\_Activity List OK

\_\_\_References

Mail your application to:

Pamela Looman Phone (207)441-4320

12 Maple St.

Oakland, Me. 04963 Application must be received by December 31st

Revised 2019