Eastport Health Care, Inc.
Our Specialty is YOU!

Rowland B. French Medical Center
Vogl Behavioral Health Center
30 Boynton Street
Eastport, Maine 04631
Phone: 207-853-6001
Fax: 207-853-6180

# EHC Scholarship Guidelines

## 2025-2026

### Overview

As a part of its mission, EHC wants to encourage qualified candidates who want to pursue careers in health care to do so. EHC realizes that the costs of college can present an obstacle for otherwise qualified candidates and therefore has established a scholarship program to recognize and support these students. EHC hopes that some, if not all, of these students, upon graduation, will provide services to people in need who live in the EHC Service Area.

### Eligibility for an EHC Scholarship

The applicant must:

1. Be a US Citizen
2. Must reside in the EHC service area
3. Must have a HS GPA of 3.0 or higher or if in college have and maintain a GPA of 3.0 or higher
4. Must be graduating HS seniors
5. All applicants are expected to enroll in a health related major and continue to progress toward graduation in that major while receiving an EHC scholarship

### Application Information

1. New
   Applications for NEW scholarships must be submitted / postmarked **no later than March 15th** for support in the next school year. Funds are disbursed in July and new recipients are required to submit a copy of their academic schedule for the Fall Semester. Scholarship recipients are required to maintain a 3.0 average.
   - Full EHC Application
   - HS transcript
   - Other information as deemed necessary by the Scholarship Selection Committee (Committee)

2. Continuing
   Request for CONTINUING scholarship awards are due May 30th and must be accompanied by a transcript of the prior year's coursework reflecting a 3.0 GPA.
   - New Continuation request form
   - Transcript that includes most recent Spring Semester.

*Eastport Health Care, Inc. is an Equal Opportunity Employer and Provider*

Machias Behavioral Health
160 Dublin St.
Machias, ME 04654
Phone: (207)-255-3400
Fax: (207)-255-3401

Machias Family Practice
160 Dublin St.
Machias, ME 04654
Phone: (207)-255-8290
Fax: (207)-255-4109

Machias Pediatrics
160 Dublin St.
Machias, ME 04654
Phone: (207)-255-0980
Fax: (207)-255-3897

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- The Committee will send Continuing Applications to the current recipients at the mailing address on their most recent New or Continuing application unless otherwise notified by the applicant

ALL applicants must be enrolled full-time defined as carrying a minimum of 12 credit hours per quarter/semester. Some exceptions may be accepted due to hardship on a case by case basis.

## Date of Awards

- New scholarships will be selected on or before April 30th for announcement at respective High School Graduations in May
- Continuing scholarships will be awarded on or before June 30th
- No award may exceed four years

*All continuing awards are contingent on funds being available.*

Applications will not be considered that:

- Are incomplete
- Are not received / postmarked by the submission dates listed above.
- Do not have or did not maintain a 3.0 average in their last full semester/quarter of coursework.
- Change their major to non-health related major.
- Have not maintained full-time status in their last semester/quarter of coursework.

## Decision making process

- The number and amount of the awards will be determined by the Committee based on funds available and the number of Continuing and new applicants.
- The Committee at its sole discretion may consider exceptions to any or all of these criteria on a case-by-case basis.
- All applicants who meet the basic criteria will receive a letter from the Committee thanking them for their participation and wishing them success in their career choice.
- Applicants not meeting the basic criteria will be notified of the reason that they could not be considered.

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**Criteria**

- Award two Scholarships annually ($1,000 each) based first on financial information i.e. income and family size using FPLs and second on academics (GPA and SAT scores)

**Other conditions:** *payments will be made to all students in July. Payments will be made directly to the recipient. It is the recipient's responsibility to use these monies to pay their educational institution tuition.*

# Eastport Health Care, Inc. Scholarship Fund

TO THE APPLICANT:

Applicant must be entering into a health or medical related field. Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education, and who satisfy other criteria developed by the Eastport Health Care Scholarship Fund.

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. The Scholarship Committee reserves the right to process only applications found to be complete as of the application postmark deadline.

REMEMBER: This application becomes valid only when the following have been submitted:

- Signed application with complete applicant, school and demographic data.
- Awards and Personal Data form.
- Scholarship Recommendation Form.
- Applicant Appraisal and Transcript Information Form.
- Financial Assistance Questionnaire.
- Signed essay of your plans as they relate to your educational and career objectives and future goals.

**Certification and Permission to use "Recipient Information" to Announce Scholarship Winners**
In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from the Eastport Health Care Scholarship Fund, the committee may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance our program.

Applicant's Signature _____ Date _____

Parent Signature (if student is less than 18 years old) _____

**Deadline for submission March 15, 2025**
**Eastport Health Care Scholarship Committee**
**30 Boynton St., Eastport, ME 04631**

ID #

AWARD AMOUNT

**PLEASE PRINT OR TYPE**

## APPLICANT DATA

Mr. ☐ Ms. ☐ Name _____ (Last) (First) (MI)

_____ Social Security Number (Optional)

_____ Permanent Address (Street) (City) (State) (Zip)

_____ Date of Birth (month, day, year)

(_____) _____ Telephone Number

E-Mail Address _____

Name of parent/guardian _____

Permanent mailing address of parent/ guardian if different from applicant _____ (Street) (City) (State) (Zip)

(_____) _____ Telephone Number

## SCHOOL DATA

High School Attended _____ Graduation Date: Month_____ Year _____

Address _____ (Street) (City) (State) (Zip)

(_____) _____ Telephone Number

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: _____

4-year College/University ☐ Vo-Tech ☐

Community College ☐ Other ☐

Accredited? Yes ☐ No ☐

Address _____ (City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: ☐ Live on campus ☐ Live off campus ☐ Commute

Enrolled: ☐ less than half-time ☐ half-time or more ☐ full-time

Anticipated date of graduation from postsecondary program _____ (month) (year)

Major field of study applicant plans to pursue _____

## DEMOGRAPHIC DATA (optional)

**Please Check All that Apply:**

☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ American Indian/Alaska Native

☐ White/Caucasian ☐ Other (Please Specify) _____

I.D. #

## OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

| Name of Award | Amount | Granted | Pending |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

| Position | Date From (mo/yr) | Date To (mo/yr) | Hours Per Week |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

| Activity | No. of Years Partic. | Special Awards, Honors, Offices Held | Activity | No. of Years Partic. | Special Awards, Honors, Offices Held |
|---|---|---|---|---|---|
| | | | | | |
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Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

## APPLICANT APPRAISAL *(REQUIRED)*

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

| | | | | |
|---|---|---|---|---|
| The applicant's choice of a postsecondary education program is | ☐ extremely appropriate | ☐ very appropriate | ☐ moderately appropriate | ☐ inappropriate |
| The applicant's achievements reflect his/her ability | ☐ extremely well | ☐ very well | ☐ moderately well | ☐ not well |
| The applicant's ability to set realistic and attainable goals is | ☐ excellent | ☐ good | ☐ fair | ☐ poor |
| The quality of the applicant's commitment to school and community is | ☐ excellent | ☐ good | ☐ fair | ☐ poor |
| The applicant is able to seek, find, and use learning resources | ☐ extremely well | ☐ very well | ☐ moderately well | ☐ not well |
| The applicant demonstrates curiosity and initiative | ☐ extremely well | ☐ very well | ☐ moderately well | ☐ not well |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | ☐ extremely well | ☐ very well | ☐ moderately well | ☐ not well |
| The applicant's respect for self and others is | ☐ excellent | ☐ good | ☐ fair | ☐ poor |

Comments (Do not name student) _____

_____

_____

_____ ( )

Appraiser's Signature Date Title Telephone Number

_____

Appraiser's Business Address (Street) (City) (State) (Zip)

## TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks _____ in a class of _____ Cumulative grade point average _____/4.0 scale

PSAT Verbal_____ Math_____ SAT Verbal _____Math_____

ACT Standard English_____ Math_____

_____ ( )

School Official's Signature Date Title Telephone Number

_____

School Address (Street) (City) (State) (Zip)

## APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

- ☐ Application
- ☐ All required signatures
- ☐ Current Transcript of Grades
- ☐ Application Deadline: **March 15, 2025**

Return Application To: Eastport Health Care Scholarship Committee
30 Boynton St
Eastport, ME 04631

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# FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ)
for 2025-2026 school year

*See reverse side for instructions to assist in completing this form

**Note: This questionnaire should be completed by the parent of the applicant**

## A. STUDENT

☐Mr. ☐Ms. Last Name: _____ First Name: _____ MI: ___

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____)_____ Email Address: _____

## B. PARENTS' INCOME, EXPENSE, AND ASSET DATA (FOR THE YEAR JANUARY 1, 2024 TO DECEMBER 31, 2024)

The applicant's parent(s) must complete the following section. **NOTE**: If legally classified as an independent student, use this section to supply your (and your spouse's, if any) financial information. Indicate whether the information is from:

☐ Estimates based on current income information to be filed by April 19, 2024.

☐ A completed tax return - IRS FORM 1040 filing date of April 19, 2024.

1. State of Residence ..... _____
2. Adjusted gross income (FORM 1040) ..... $ _____
3. Total federal tax paid (FORM 1040) ..... $ _____
4. Total income of father or self if independent student ..... $ _____

   Total income of mother ..... $ _____
5. Yearly untaxed income and benefits: Please indicate source - ☐ Social Security ☐ AFDC

   ☐ Child Support ☐ Other _____ ..... $ _____
6. Medical/Dental expenses not paid by insurance (exclude premiums) ..... $ _____
7. Total cash, checking, savings, cash value of stocks, etc. (exclude retirement plan funds, IRA, 401(k)) ..... $ _____
8. Total number of family members living in the household and primarily supported by the reported income ..... # _____
9. Marital status of parent/legal guardian or independent student's current marital status is (check one):

   ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
10. Total number of family members attending a postsecondary school at least half-time during the 2025-2026 school year, including applicant ..... # _____

## C. CERTIFICATION AND SIGNATURES

**CERTIFICATION**: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of EHC, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) 2024 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked; the student may not receive aid.

_____
Applicant's Signature

_____
Parent's Signature ☐ Father ☐ Mother
(Not required for independent student)

Do you have legal custody of the student? ☐ Yes ☐ No

Is the student your dependent? ☐ Yes ☐ No

## INSTRUCTIONS FOR COMPLETING THE FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ)

A. STUDENT INFORMATION: The scholarship applicant's name should appear on the first line on the FAQ; however, the questionnaire must be completed by the parents of the applicant. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her financial information.

B. PARENTS' INCOME, EXPENSE AND ASSET DATA: Information on this form must be from the parents' completed tax return or based on estimated information to be filed by April 19, 2024. Be sure to check the appropriate box.

1. **State of Residence** is the state where the parent(s) reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income increased or reduced by specific adjustments specified by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS Form 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total Income of Parent(s)** should be reported individually. Provide information for both natural parents, when possible. **If the students resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Assistance Questionnaires may be submitted by the student** (make copy of form as necessary).
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses **not** paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401K, or other retirement plan funds.
8. **Total Number of Family Members** living in the household and primarily supported by the reported income – includes dependent college students living away from home.
9. **Marital Status** is the current status of the person from whom the financial information is submitted.
10. **Total Number of Family Members Attending Postsecondary School** includes all family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number.

C. CERTIFICATION AND SIGNATURES: Both the student and the parent completing the FAQ must sign this form. Parent's signature is not required for an independent student. Please read the Certification box.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to the EHC Scholarship Committee in writing.