

2017 SCHOLARSHIP APPLICATION

Type or print all information except for signatures. If space provided in any section is inadequate, information may be continued on additional sheets of paper. Attach additional sheets to the original document.



PERSONAL:	
Last:	First:
Home Address:	
City: State	e: Zip Code:
Telephone: E-mail	:
Were you referred by a member of CFMA: Yes No	If yes, please complete the next line.
CFMA: Member Name	_ Member Firm Name
EMPLOYER:	
Company: State	
•	
Work Telephone: Job Title: SCHOOLS:	
Name(s) of post-secondary school in which you are curren	tly enrolled
School: City	: State:
School: City	
Type of School: 4-year College 2 year Community or University or Junior College	Vocational- Other:
Anticipated Date of Graduation:	Enrollment Date:
Major Course of Study:	Minor:
High School attended	
Name: Loca	tion:
WORK EXPERIENCE:	
Describe your work experience, dates of employment and	job responsibilities. Dates From/To (Month/Year)
Employer/Position	
Job Responsibilities:	
Employer/Position	
Job Responsibilities:	

ACTIVITIES, AWARDS & HONORS:

List all activities, both school and community, in which you have participated during the last four years. Please include any special awards, honors, or offices held. Indicate whether high school or college/university.

Activity	No of years Participated	Special Awards, Honors	Offices Held

CAREER CHOICES:

Why you are interested in your career choice, and what event or series of events led you to this decision?

PERSONAL EXPERIENCE:

What has been your most important extracurricular activity, your most important contribution to it and what has your participation in it meant to you as an individual?

TRANSCRIPTS	1. Students currently or previously enrolled in college or vocational-technical school must include all
	college or vocational-technical transcripts of grades.

2. High School seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and GPA based on courses to date.

CERTIFICATION In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

SIGNATURE: _____

DATE: _____

APPLICATION Applicant is responsible for insuring that all* items listed below are submitted to:

CFMA Maine Chapter, c/o Shannon Waltor	, Clark Insurance, PO Box 3543, Portland, ME 04104
or e-mail to: swalton@clarkinsurance.com	(Postmark/email by October 30, 2017)

COMPLETED APPLICATION

ESSAY OPTIONS: 1) Reason for pursuing career in accounting, finance, construction management, or civil engineering, or 2) Reason for intent to live and work in Maine

OFFICIAL TRANSCIPTS OF HIGH SCHOOL AND/OR COLLEGE GRADES

TWO RECENT LETTERS OF RECOMMENDATION

Transcripts and/or letters of recommendation may be sent separately to Shannon Walton by the issuing party, but must also be received by October 30, 2017

*If the application/submission is incomplete it will be considered ineligible for the scholarship.