

THE CARY-ROBINSON MEMORIAL GRANT APPLICATION

Name: _____

Address:

Telephone Number: _____

Email: _____

Relationship to OBIFD or CHFD:

College/University degree, certification or training
program being pursued: _____

Brief description of course of study:

Expected completion date: _____

Amount of Scholarship requested (up to \$2500.00): _____

Indicate briefly how scholarship funds would be applied (tuition & fees, books, travel, housing & meals, related living expenses, etc.): _____

Supporting materials to be submitted with the application:

1. _____ High School diploma or GED certificate;
2. _____ Three letters of recommendation from non-family members (preferably from teachers, professors, program leaders, employers, etc. If submitting letters from friends, have them include length of time they have known you and in what capacity as well as specific observations upon which they base their opinions);
3. _____ Personal Statement;

4. ___ Letter of acceptance OR recording of good standing from the education institution or certification organization.
5. ___ Provide a current official transcript if currently enrolled in either high school or program beyond high school:
6. ___ Documentation supporting how you used previously awarded Cary-Robinson Memorial Grant funds (if applicable).

Please send the completed application, no later than April 5, 2024 to:

OBIFD Nomination Committee Chair, PO Box 177,
Orr's Island, ME 04066

THE CARY-ROBINSON MEMORIAL GRANT

Honoring two remarkable women, Sue Cary and Pat Robinson, for their exceptional commitment and service to our community

Signature

Date

Supporting materials to be submitted with this application: