# University of Maine System

# Gorham Savings Bank Scholarship Application

**Eligibility criteria:** Recipient must be matriculated in the University of Maine System at least half-time and be a child, step-child or grandchild of a current Gorham Savings Bank employee.

**For priority consideration, apply by September 30, 2022.**

## If you have any questions regarding this application, please contact the Office of Student Financial Aid at the University of Maine System campus that you are attending. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Name: MaineStreet ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:

Permanent Address:

Local/Campus Address:

Telephone No.: UMS Campus of Enrollment:

UMS GPA:

Name of Gorham Savings Bank employee and relationship to you:

By my signature below, I authorize release of my name, directory and academic information on file with the University of Maine to scholarship donors and others in conjunction with any University scholarships I may receive.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Name (print) Date*

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**CERTIFICATION**

This is to certify that the above individual is a current Gorham Savings Bank employee.

*Gorham Savings Bank Official Signature Date*

Return this form to: University of Maine Office of Student Financial Aid

5781 Wingate Hall, Orono, ME 04469

***A Member of the University of Maine System***