

# *The Franco-American Education Foundation Memorial Scholarships*

Administered by  
The Franco-American Education Foundation

**This scholarship is made possible through the generosity of the following benefactors:**

- \* The Estate of Lucien E. & Georgianna M. Martin
- \* The Estate of Maurice F. Hemond
- \* The Estate of Rose Couturier
- \* The Estate of Albert E. Cote
- \* The Estate of Roland A. & Theresa Rodrigue

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED  
DEADLINE APRIL 22, 2023**

## **Applicants for Scholarships must meet all of the following requirements:**

Be of **FRANCO-AMERICAN** heritage.

Be a **resident** of **Lewiston, Auburn, Lisbon, Sabattus, Greene, Turner, Minot, Durham or Poland, Maine.**

Be about to graduate or have graduated from high school or obtained a GED,

Or be enrolled as a student in an accredited institution of higher learning.

## **Applicants must submit the following:**

1. A **FULLY COMPLETED** signed/electronically signed application.
2. A **transcript**, including the most recently completed grading period.
3. A photo (with your name on back if sending through mail).
4. A letter of recommendation from a teacher, guidance counselor or school principal.
5. A short essay detailing and explaining:
  - 75% What role has your Franco-American heritage meant to you and how has it influenced your life.
  - 25% Your college and career goals.
6. Proper identification
  - a. Photocopy of your valid Maine driver's license or
  - b. Photocopy of your current school ID card.

Mail or email the completed application and attachments to:

*The Franco-American Education Foundation*  
PO Box 2480  
Lewiston, Maine 04241

FrancoAmericanEducation@gmail.com

**Applicants are responsible for insuring that the completed application together with all required attachments are received by the Foundation no later than April 22, 2023. Any application or information received after April 22 will not be considered.**

## **ACADEMIC YEAR 2023-2024**

The FAEF scholarships may be renewed for up to 4 years subject to a minimum GPA of 2.5. The sum awarded will be determined each year. This application must be submitted for the first year; a short renewal application form is required for subsequent years.

**PERSONAL INFORMATION (Please Print)**

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*FIRST NAME* *MIDDLE NAME* *LAST NAME*

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*PHYSICAL ADDRESS* *CITY* *STATE* *ZIP CODE*

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*MAILING ADDRESS* *CITY* *STATE* *ZIP CODE*

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*HOME PHONE* *CELL PHONE* *DATE OF BIRTH (MM/DD/YYYY)*

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*MARITAL STATUS* *SPOUSE'S FULL NAME*

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*E-MAIL ADDRESS***ACADEMIC INFORMATION (Please Print)**

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*MY HIGH SCHOOL* *CLASS OF*

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*ADDRESS*

LIST ANY EXTRA CURRICULAR ACTIVITIES YOU HAVE BEEN INVOLVED IN. (Clubs, sports, etc).

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DID YOU STUDY FRENCH WHILE IN HIGH SCHOOL? \_\_\_\_\_ IF YES, HOW MANY YEARS: \_\_\_\_\_

WERE YOU INVOLVED IN A FRENCH CLUB OR A SIMILAR LANGUAGE ORGANIZATION? (If yes, explain your role)

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WHAT KIND OF VOLUNTEER WORK HAVE YOU DONE AND/OR CONTINUE TO DO?

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THE INSTITUTION I (plan to) ATTEND: \_\_\_\_\_

ANTICIPATED YEAR OF GRADUATION: \_\_\_\_\_

ADDRESS OF INSTITUTION: \_\_\_\_\_

MAJOR: \_\_\_\_\_

**FINANCIAL INFORMATION** (Please Print)

HAVE YOU WORKED WHILE IN SCHOOL, DURING VACATIONS, OR AT OTHER TIMES? \_\_\_\_\_

LIST THE NAME AND ADDRESSES OF YOUR FORMER AND PRESENT EMPLOYERS.

NAME	ADDRESS	EMPLOYMENT DATES

**COSTS FOR ACADEMIC YEAR**

TUITION & FEES      \$ \_\_\_\_\_  
ROOM & BOARD      \_\_\_\_\_  
**TOTAL:**              \$ \_\_\_\_\_

**RESOURCES**

SCHOLARSHIPS/  
MERIT AWARDS      \$ \_\_\_\_\_  
PELL GRANTS      \_\_\_\_\_  
**TOTAL:**              \$ \_\_\_\_\_

**PARENTAL INFORMATION** (Please Print)

PARENT/GUARDIAN #1

\_\_\_\_\_  
*FIRST NAME*                      *MAIDEN NAME (if applicable)*                      *LAST NAME*

\_\_\_\_\_  
*HOME STREET ADDRESS*      *CITY*                      *STATE*      *ZIP CODE*                      *PHONE*

PARENT/GUARDIAN #2

\_\_\_\_\_  
*FIRST NAME*                      *MAIDEN NAME (if applicable)*                      *LAST NAME*

\_\_\_\_\_  
*HOME ADDRESS*                      *CITY*                      *STATE*      *ZIP CODE*                      *PHONE #*

**FRANCO-AMERICAN ANCESTRAL BACKGROUND**

Paternal Grandfather's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Is this person Franco-American? Yes  No  Please explain \_\_\_\_\_

Paternal Grandmother's First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Is this person Franco-American? Yes  No  Please explain \_\_\_\_\_

Maternal Grandfather's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Is this person Franco-American? Yes  No  Please explain \_\_\_\_\_

Maternal Grandmother's First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Is this person Franco-American? Yes  No  Please explain \_\_\_\_\_

**ADDITIONAL INFORMATION ABOUT FRANCO-AMERICAN ANCESTRAL BACKGROUND**

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

**I/WE HEREBY CERTIFY THAT THIS FORM IS COMPLETE AND THAT THE INFORMATION HEREIN IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT ANY INFORMATION FOUND TO BE FRAUDULENT OR KNOWINGLY MISINTERPRETED WILL ELIMINATE THE APPLICANT FROM CONSIDERATION. IF THE SCHOLARSHIP HAS BEEN AWARDED PREVIOUSLY, THE APPLICANT WILL BE REQUIRED TO FUND THE MONIES RECEIVED.**

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN #1 \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN #2 \_\_\_\_\_

DATE \_\_\_\_\_