

# The Campbell Foundation \$500 Scholarship

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### Personal Information

Last Name:	First Name:
Today's Date:	Date of Birth:
Your Legal Residence:	Home Phone:
Mailing Address:	E-mail Address:
School You Currently Attend:	Year Graduating:
Who do you live with (please ✓one)      Both Parents      One Parent Other	

### Family Information

	Enter The Requested Info <u>Concerning Your Father</u> In This Column Please	Enter The Requested Info <u>Concerning Your Mother</u> In This Column Please	<u>Names &amp; Ages of</u> <u>ALL Individuals</u> Living In The Home
Name			
Legal Residence			
Occupation/Title			
Employer			
Please Check highest level of education completed	<input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	

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## College Information

College you plan to attend:			
Have you been accepted (✓one):	Yes	Not Yet Notified	
Degree anticipated (✓ one) :	2-yr degree	4-yr degree	
Length of training:			
Major area(s) of study:			
Annual cost of attendance:			
Will you live (✓one):	On Campus	Off Campus Apartment	At Home

**List your School Activities in order of importance to you:** *(Please feel free to add another page if needed.)*

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**List your Community Service/Volunteering Activities** *(in order of importance to you):*

Description	# of years of participation	Total # of hours spent per year

#### Employment History

Job Description	Dates of Employment	Total # of hours worked in a typical week
		School year: Summers:
		School year: Summers:
		School year: Summers:
		School year: Summers:

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**Financial Information**

Number of household members who are taking college courses during the current school year including parents:

Other exceptional family expenses (including medical) spent during current school year:

**Academic Information**

Please list any advanced placement or honors courses you have taken if applicable.

Your Class Rank #:

GPA:

**Other**

Are you the child or grandchild of a veteran (list names and dates of service please):

What are your long range career goals?

**Please email completed application to [info@thecampbellfoundaton.net](mailto:info@thecampbellfoundaton.net) or mail to  
The Campbell Foundation  
Attn Scholarship Committee  
20 Bell Ln  
Greenwood, ME 04255**

*All information in each portion of this application is true and complete to the best of my knowledge.*

Please sign here:

Please print your name here: