

Maine ACE Camp offers a program available for young people who wish to apply for a scholarship of up to ½ tuition to assist them in attending the Maine ACE Camp. The applicant must be both 12 to 18 years of age and be a Junior High School or Senior High School Student. Candidates may be from any state or any country.

#### Summer Camp Scholarship Guidelines:

- Applicants are evaluated without regard to race, religion, natural origin, sex or physical ability.
- Funding is limited, and scholarships are not guaranteed to all applicants.
- Staff of Maine ACE Camp, Inc. and their children are not eligible for scholarship assistance.
- Scholarships may NOT always be awarded two years in a row.
- Incomplete applications will not be reviewed.
- Scholarships will be awarded based on need and merit.

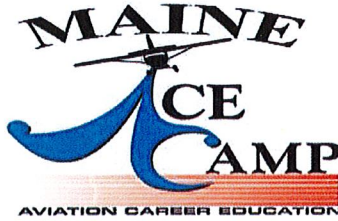
#### Summer Camp Scholarship Recipient Requirements:

- Submit completed application
- Submit financial documentation (Front Page of US Form 1040) demonstrating need.
- Submit letter of intent demonstrating passion for aviation.
- Complete and submit follow-up report and/or letter after Summer Camp.

#### Qualified applicants will be assessed on the following criteria:

- A demonstrated strong interest in general aviation.
- A proven self-starter, willing to earn his/her way.
- Academic skills as demonstrated by scholastic record of at least a C-.
- Participation and demonstrated contributions to their communities.

Funding for the awards comes solely from contributions, not from dues or any other Maine ACE Camp funds. You are encouraged to support the fund through a charitable contribution. If you wish to make a contribution it can be made by a check made payable to Maine ACE Camp Inc and mailed to Maine ACE Camp Inc. c/o Darcy LeSiege, 86 Stinchfield Hill Rd., Chesterville, ME 04938.



## MAINE ACE CAMP INC Scholarship Application

Please fill out one form per child.

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Email \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

What do you hope your child will gain from this experience?

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What are your Aviation interests or experience?

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How many children currently live in the household? \_\_\_\_\_

Please list their ages: \_\_\_\_\_

### REQUIRED FAMILY INFORMATION

Father's Name: \_\_\_\_\_

Address (*if different*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (*if different*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name of Legal Guardian (*if not living with mother/father*) \_\_\_\_\_

### FINANCIAL INFORMATION

\*Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.). Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

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|--|--|
| <input type="checkbox"/> Below \$10,000    | <input type="checkbox"/> \$40,001-\$45,000 |
| <input type="checkbox"/> \$10,001-\$15,000 | <input type="checkbox"/> \$45,001-\$50,000 |
| <input type="checkbox"/> \$15,001-\$20,000 | <input type="checkbox"/> \$50,001-\$55,000 |
| <input type="checkbox"/> \$20,001-\$25,000 | <input type="checkbox"/> \$55,001-\$60,000 |
| <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> \$65,001-\$70,000 |
| <input type="checkbox"/> \$30,001-\$35,000 | <input type="checkbox"/> Over \$70,000     |
| <input type="checkbox"/> \$35,001-\$40,000 |  |

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time? \_\_\_\_\_

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Are other family members currently applying for assistance?  Yes  No

Has anyone in your family previously received financial assistance through our scholarship fund?  Yes  No

If yes, when? \_\_\_\_\_ How much was received? \$ \_\_\_\_\_

Amount you are requesting: \$ \_\_\_\_\_

How much can you contribute? \$ \_\_\_\_\_

Individual Attending Maine ACE Camp Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last grade year completed/Scholastic Achievement: \_\_\_\_\_

Mail To: Maine ACE Camp Inc, c/o Darcy LeSiege, 86 Stinchfield Hill Rd, Chesterville, ME 04938

OR Email to: [maineacecampinc@gmail.com](mailto:maineacecampinc@gmail.com)