



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 19 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?

What are your Aviation interests or experience?

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):

- | | |
|--------------------------------------------|--------------------------------------------|
| <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? _____

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: Darcy.LeSiege@gmail.com