

The Evelyn M. Howe Memorial Fund Scholarship

Decisions, we all make them every day. Easy ones, what to wear, which college to attend, and harder ones that affect the rest of your life. On May 5, 2013, Evelyn Howe (Eve) decided to try to save the life of her friend that was drowning in the icy waters of Gloucester, MA. It was a gamble, but I'm sure she didn't see it that way. Eve made a choice to jump in the cold ocean, and try to help. Her decision has earned our utmost respect and we feel the loss still.

Eve was as vibrant as they come, she had no fear at all. Her enthusiasm for LIFE was contagious, she would try anything once! She volunteered her time while vacationing to local shelters for animals, schools and orphanages world wide. She was a single Mom that raised a son on her own. She sought no pity, nor help, she worked hard at her job and never failed to keep everyone smiling. She was a survivor, an inspiration, and now we wish to honor her memory. She gave everything she had, even when her last choice took her from us. In losing her, we have sought to keep her spirit of giving new life.

The Evelyn M. Howe Memorial Fund was born because we cherish her time here, and miss her every day. Yearly, The Evelyn M. Howe Memorial fund will accept applications from students that exemplify just some of the qualities that Eve had. We will choose a student who meets or exceeds the criteria.

We want to pay it forward in her memory. Passing on her spirit of giving, of living life and of never giving up, onto others. We would like if the applicants show the same gusto in their community service and extra-curricular activity time.

Visit us at; <https://www.facebook.com/EvelynMHoweMemorialScholarship>

SCHOLARSHIP APPLICATION FOR EVELYN HOWE MEMORIAL FUND

This scholarship will be used to help pay expenses while I am attending

_____ for the school year starting in the Fall of 2014
UNIVERSITY, COLLEGE OR VOCATIONAL SCHOOL

Major: _____ Degree Sought: _____

PERSONAL INFORMATION

Name _____

LAST

FIRST

MIDDLE

Mailing

Address _____

NO & STREET

CITY

COUNTY

Phone Number _____ Email: _____

Current High School: _____

Date of Birth _____ High School Grade Point Average _____

INFORMATION ON PARENTS / LEGAL GUARDIANS (with whom you reside)

Parents

Names: _____

(Circle One)

MOTHER,

STEPMOTHER,

GUARDIAN

(Circle One)

FATHER,

STEPFATHER,

GUARDIAN

ESSAY:

Please attach a one page, double-spaced essay in the spirit of "Paying It Forward" how do you see yourself helping your community? Also 2-5 min videos are welcome. Be sure to be creative, unique and individualized.

RESUME:

Attach your resume that includes your activities in and out of school.

Community Service:

40 hours of community service. This can be anything from volunteering at charity event to helping out a non-profit organization. The event organizer or charity leader must provide a statement to the amount of hours completed.

Letters of recommendation:

A letter from a guidance counselor, teacher or community leader stating why they feel you exemplify the qualities we are looking for in our scholarship recipient. Also a letter of recommendation from a current or previous employer.

Acceptance Letter(s):

A copy of any acceptance letters received from any college, university or technical college you applied to.

FINANCIAL INFORMATION:

Application for consideration of scholarship money is contingent on your applying for financial assistance through the institution to which you are applying. Please provide the following information.

1. A photocopy of the top half of the SAR (Student Aid Report) which shows the EFC (Expected Family Contribution) and your name and address.
2. A photocopy of your financial aid award letter from the institution you plan to attend. If this letter does not include the total Cost Of Attendance (tuition, room and board fees, personal expenses, books, and travel), please note that figure as COA = _____ on the bottom of the letter.
3. Any grants, scholarships, or any other financial assistance you have received or know you will be receiving in addition to your financial aid award: (If needed continue on a second sheet.)

Photo / Video Release:

Please see the attached form if you are submitting an application that includes photos or video.

Submitting Application:

Please submit either electronic copies of this application, essay, resume and financial information OR 4 paper copies. PDF format is preferred. Electronic applications can be sent to: evesfund.kelly@gmail.com. Paper applications can be sent to:

Evelyn Howe Memorial Fund Scholarship
2409 Portland Rd
Arundel, ME 04046

Applications must be submitted by: May 15th 2014

Date: _____ **Signature of Applicant:** _____

Date: _____ **Signature of Legal Guardian:** _____

Applications are due to the Evelyn Howe Memorial Fund committee by May 15th 2014.
All documents and video submitted to the Evelyn Howe Memorial Fund organization become property of the Evelyn Howe Memorial Fund organization.

Evelyn Howe Memorial Fund

Standard Photo and Video Release Form for Minor Children

I hereby authorize the Evelyn Howe Memorial Fund organization to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the Evelyn Howe Memorial Fund organization's printed publications, website and sponsorship purposes. (Only the names of scholarship recipients will be used in any publication or website)

I release the Evelyn Howe Memorial Fund organization from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Evelyn Howe Memorial Fund organization to use their photographs, videos and names.

I acknowledge that since participation in scholarship application process produced by the Evelyn Howe Memorial Fund organization is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication and website produced by the Evelyn Howe Memorial Fund organization confers no rights of ownership whatsoever. I release the Evelyn Howe Memorial Fund organization, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____