## University of Maine System

## Gorham Savings Bank Scholarship Application

**Eligibility criteria:** Recipient must be matriculated in the University of Maine System at least half-time and be a child, step-child or grandchild of a current Gorham Savings Bank employee.

## For priority consideration, apply by February 28, 2025.

University of Maine System campu	g this application, please contact the Office of Studes that you are attending.  ***********************************	
Name:	MaineStreet ID #:	
Date of Birth:	<u></u>	
Permanent Address:		
T 1/6		
Telephone No.:	UMS Campus of Enrollment:	
UMS GPA:		
	release of my name, directory and academic infor	
	scholarship donors and others in conjunction with	
Signature	Name (print)	Date
********	**********	******
<b>CERTIFICATION</b>		
This is to certify that the above indi	vidual is a current Gorham Savings Bank employ	ee.
Gorham Savings Bank Official Signat	ture Date	

Return this form to: University of Maine Office of Student Financial Aid 5781 Wingate Hall, Orono, ME 04469 umscholarships@maine.edu