

Judith Williams, a visionary, recognized the formidable challenges confronted by single women with children who aspire to enhance their earning potential by pursuing further education. To alleviate their financial burdens as they strive to attain self-sufficiency, she established the scholarship fund in her name.

Since 1993, Coastal Economic Development Corp, which was later renamed Midcoast Maine Community Action (MMCA), has been entrusted with the vital responsibility of administering and overseeing the Judith W. Williams Trust. This partnership has been instrumental in empowering single parents to pursue their educational and economic aspirations.

Eligibility Criteria for Application

- Single parents who have custody of minor child/children; and
- Who have a high school diploma/GED and have been out of secondary education at least five years.

Acceptable Uses for Funding

- Tuition costs at an accredited college;
- Tuition costs at an established trade school; and/or
- Payments to a licensed childcare provider while enrolled in an academic program or trade school.

Awards

- Scholarships up to \$10,000 per academic year may be awarded to an individual candidate. In establishing the amount of a tuition award, consideration will be given to the annual cost of tuition as well as any additional funding from other sources. (i.e. Pell Grant). Childcare requests will be considered with respect to average rates for area providers.

Application Process

- Applications can be requested by contacting Midcoast Maine Community Action at 34 Wing Farm Parkway in Bath, ME 04530 via phone at (207) 442-7963 or via email at mmcainfo@mmcacorp.org. Completed applications can be dropped off in-person, mailed, or emailed to the addresses above.

Evaluation Sheet

Evaluator Name: _____

Applicant Must Meet Minimum Eligibility Requirements Listed Below (check off if verified by acceptable documentation)

- Applicant is not married.
- Applicant has custody of at least one minor child.
- Applicant has been out of school for at least five years.
- Applicant is enrolled in an accredited 2-or 4-year degree program or established trade school

Comments: _____

Acceptable Forms of Verification

| Information | Verification |
|------------------------------------|--|
| Name/Address | US Mail |
| Marital Status | Self-Declaration |
| Custody of Minor Child | Tax Return, Birth Certificate |
| Date of School Last Attended | School records, Verification through the school |
| Enrolled in Degree/Trade Program | Acceptance Letter |
| Childcare | Provider Certification Form |
| Application for Additional Funding | FAFSA acknowledgement and/or Award Letter |
| Employment/Volunteer Activities | Verification through Employer/Organization, resume |

Eligibility Review Process

- All completed applications will be reviewed by the MMCA's Scholarship Committee.
- Incomplete applications will be returned to the applicant for completion and resubmission.
- Applicants will be evaluated on how well they have demonstrated a reasonable chance for success in their education pursuit. Consideration will be given to:
 - employment history,
 - volunteer activities,
 - prior academic endeavors, and
 - area of study.
- Information will be garnered from the application, personal interview, verifications, an essay, and letters of recommendation.

Applicant Interview

- Once an application has been deemed complete, the applicant will be contacted for an interview with MMCA's Scholarship Committee.
- All applicants will receive a decision on their application via US mail within 45 days of the applicant's interview with the Scholarship Committee.

Awards

- A scholarship up to \$10,000 per academic year may be awarded. In establishing the amount of a tuition award, consideration will be given to the annual cost of tuition as well as any additional funding from other sources. (i.e. Pell Grant). Childcare requests will be considered with respect to average rates for area providers.
- All awards are contingent upon availability of funds.
- Awards will be made for the academic year and payments will be made directly to the institution of higher learning. Childcare payments will be made on a bi-weekly basis upon receipt of an invoice from the childcare provider.
- Applicants may re-apply for the scholarship annually.
- MMCA must be notified in writing of any changes to academic status or changes in childcare providers within five (5) business days. Failure to do so may result in a delay or termination of the award.

Part II: Financial Assistance

I am applying for Tuition Assistance and/or Funding for Childcare (Check all that apply)

Tuition Assistance

Funding for Childcare

I have applied to an educational institution.

Yes

No

I have been accepted by an educational institution.

Yes

No

Please provide information about the school in which you are enrolled or will be applying for enrollment:

Name of Institution: _____

Address: _____

Phone: _____

Date of Enrollment: _____

Expected Date of Graduation: _____

Field of Study: _____

Please briefly explain why you chose this area of study:

Type of Program:

Certificate (trade school only)

2 Year

4 Year

Attendance:

Part-Time

Full-Time

If applying for tuition assistance, please indicate the cost of annual tuition:
 \$ _____

Have you applied for, or will you be receiving, other financial assistance?

Yes

No

If yes, please indicate the source, use, and amount (**excluding loans**):

| Source | Intended Use | Award Amount |
|--------|--------------|--------------|
| | | \$ |
| | | \$ |
| | | \$ |

Have you completed a Federal Application for Free Application for Federal Student Aid (FAFSA)?

Yes

No

If you are applying for funding for childcare, please provide the following information:

Provider Name: _____

Provider Address: _____

Provider Phone #: _____

License #: _____

Please list which of your children will be enrolled in childcare:

Part III: Employment and Volunteer History

Please attach a copy of your resume.

If there are gaps in your employment, briefly describe/list them below:

Please list any volunteer experience you have acquired during the last 5 years:

Organization Name: _____
Organization Address: _____
Organization Phone #: _____
Dates of affiliation: From [__/__/__] to [__/__/__]
Responsibilities/Tasks: _____
of Hours Per Week: _____

Organization Name: _____
Organization Address: _____
Organization Phone #: _____
Dates of affiliation: From [__/__/__] to [__/__/__]
Responsibilities/Tasks: _____
of Hours Per Week: _____

Organization Name: _____
Organization Address: _____
Organization Phone #: _____
Dates of affiliation: From [__/__/__] to [__/__/__]
Responsibilities/Tasks: _____
of Hours Per Week: _____

Part IV: "Plan for Success" - Essay

In 500 words or less, please explain your plan to ensure you have a successful academic experience. Be sure to discuss your motivation, identify any potential barriers to your success, and explain your plan to overcome them. **Please attach a copy of your essay to your application.**

Letter of Recommendation: Please attach two (2) letters of recommendation. At least one (1) must come from a professional acquaintance.

Applicant Certification

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that any false or misleading information will result in the disqualification of my application for the Judith W. Williams Scholarship Fund. I understand that if there are any changes in my circumstances as reported in this application, I will notify MMCA immediately.

I also declare that I am a single mother for whom I maintain legal custody. I understand that this is criteria for eligibility of the Judith W. Williams Trust Scholarship, and if my marital status changes I will notify MMCA immediately.

Applicant Signature

Date:

Authorization for Release of Information

I, _____, hereby authorize Midcoast Maine Community Action (MMCA) to obtain information necessary to determine my eligibility for the Judith W. Williams Trust Scholarship.

I understand that this may include verifying and/or obtaining information regarding childcare and current and prior academic, employment, and volunteer activities through the following entities:

- Educational Institutions
- Employers (past and present)
- Volunteer Organizations
- Other (specify)

This consent will remain in effect for one (1) year from date of my signature unless otherwise withdrawn by me through a written request to MMCA.

Applicant Signature

Date

Childcare Provider Certification Form

I, _____ certify that I am a licensed childcare provider and provide childcare services to the children listed below:

| Child's Name | Child's Age | # Hours/Week | Rate |
|--------------|-------------|--------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Provider Name: _____

Provider Address: _____

Provider License #: _____

Provider Phone #: _____

 Provider Signature

 Date