



## **DANIEL E. LAMBERT MEMORIAL SCHOLARSHIP**

### **Students Must:**

1. Be a citizen of the United States.
2. Be a resident of the State of Maine.
3. Show evidence of being enrolled in, or attending an accredited college or vocational technical school.
4. Be of good character (demonstrated through letters of recommendation.)
5. Have demonstrated by his or her past behavior, that he/she believes in the American way of life (demonstrated through letters of recommendation.)
6. Exhibit financial needs (statement showing family income/expenses or IRS Form 1040 showing family adjusted gross income and/or extenuating circumstances such as multiple siblings in college).
7. Parent or grandparent must be a veteran. (Enclosed copy of military discharge and identify relationship to veteran.)
8. File his/her application with the Trust Committee of the Daniel E. Lambert Scholarship Fund by May 1st.
9. Understand that all incomplete applications will not be considered by the judging committee, and will be automatically eliminated.

**This application must be filed on or before May 1st. Send to:**

**Ronald Caron  
P.O. Box 76  
Sabattus, Maine 04280**

**(OVER)**

**PLEASE PRINT OR TYPE**

Student's full name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Student's address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (County)

Date and place of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**Name of Parents (if applicable):**

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (County)

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (County)

Number of dependent children: \_\_\_\_\_

High schools and/or colleges attended:

Name of School: \_\_\_\_\_

Date of entrance: \_\_\_\_\_