



Return to:
Diana McSorley
UMaine Hutchinson Ctr.
80 Belmont Ave Belfast
Maine 04915

Professional Development Scholarship Application
Marilyn and James T. Duane Community Outreach Fund

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____

Email address: _____

Employer: _____ Position: _____

Length of time employed: _____ Supervisor's name and contact info: _____

Does employer provide funds for professional development? Yes No

If so how much _____ What amount are you able to self-pay? _____

Have you received a Hutchinson Center Scholarship in the past? Yes No If so, what year? _____

I am registered for the following Professional Development Programs:

Program title: _____ **Start date:** _____

Program title: _____ **Start date:** _____

Financial Information

(You must fill in ALL information for the scholarship committee to consider your application complete)

Your name: _____

Total dependents (including yourself): _____

Last year's joint total household gross income: \$ _____

Applicant's last year's total gross income: \$ _____

Are there any significant changes in your income since you filed your income tax return?

Yes No Explain: _____

Are you currently working? Yes No If no, last date employed _____

NOTE: *We reserve the right to ask for a copy of last year's federal tax return*

Applicant's Signature Date

The Hutchinson Center Scholarship Committee begins to review applications starting thirty days before the program date. Priority will be given to applications received before this timeline.

Please provide a written statement 500 words or less explaining your financial need and how this opportunity will benefit you professionally. (Attach separate sheet if additional space is needed)