



Return to:  
University of Maine  
Hutchinson Center  
80 Belmont Ave  
Belfast Maine 04915  
c/o Diana McSorley

## 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)**