



## THE PETER MCPHERSON SCHOLARSHIP TIER I

*“Don’t strive for perfection. Strive for excellence.” -Peter M. McPherson*

### HISTORY AND PURPOSE

Peter McPherson was employed with Spurwink for over 30 years and served in a variety of leadership roles, including President/CEO. When Peter retired in 2006, Spurwink employees chose to honor his commitment to the agency through the creation of a Scholarship Fund in his name. The Peter McPherson Scholarship honors Peter’s life-long dedication to individuals who have faced behavioral, emotional or developmental challenges in their lives. The scholarship fund was designed to provide assistance to current and former students of Spurwink as they graduate and pursue transition-related or post-secondary goals.

### RANGE OF AWARD

\$250.00 – \$2,500.00

### ELIGIBILITY CRITERIA

To be considered eligible for the Peter McPherson Scholarship, applicants must:

- Be a graduating senior who meets district graduation requirements.
- Be currently or previously enrolled in a Spurwink Residential or Day Treatment Program for Youth for the period of at least one calendar or academic year.

### APPLICATION PROCESS

- Submit application along with two letters of recommendation (One of these letters needs to be from an employee of Spurwink).
- All applications and required information must be postmarked by the third Friday of May of the graduating year.
- Send applications to:

**Peter McPherson Scholarship Committee**  
**Attn: Jonathan Normand, Vice President Educational Services**  
**Spurwink**  
**899 Riverside Street**  
**Portland, ME 04103**

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*Please complete both page 2 and 3 in full.*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of attending school or (if applicable) list Spurwink Residence: \_\_\_\_\_

Name of parent or guardian (if applicable): \_\_\_\_\_

Program/Course of Study you are interested in pursuing: \_\_\_\_\_

Start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

## **Program/Course of Study Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Cost of program including transportation and materials required for program \$ \_\_\_\_\_

Financial aid from any other sources \$ \_\_\_\_\_

Amount of aid requested \$ \_\_\_\_\_

***Please answer the following questions in the space provided or attach additional typed/  
written pages.***

1. Why are you applying for this scholarship and how will you use it?

2. How will the program you have chosen help you meet your future goals?

3. Provide a brief profile of yourself, including any unusual circumstances or challenges you face.

4. Describe any special activities or projects you have been involved in outside of the classroom (volunteer and/or vocational, hobbies or interests, special recognitions or awards).

I certify that all the information on this form is true and complete to the best of my knowledge. I understand I may be asked to provide proof of the information stated on this form.

Signature of applicant \_\_\_\_\_

Signature of parent/guardian (if applicable) \_\_\_\_\_

Signature of supporting Spurwink Team Member \_\_\_\_\_