



THE PETER MCPHERSON SCHOLARSHIP TIER II

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

HISTORY AND PURPOSE

Peter McPherson was employed with Spurwink for more than 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. This scholarship assist freshman, sophomore, junior and senior students who would like funding for an activity/program that will enhance or aid in their transitional period and help with goals they have set within the Transition Plan.

RANGE OF AWARD

Up to \$500.00

ELIGIBILITY CRITERIA

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

- Is a freshman, sophomore, junior or senior currently enrolled in a Spurwink Residential or Day Treatment Program for Youth for the period of at least 3 months.
- Activity/program needs to be related to a goal/objective outlined in the Student Transition Plan or that is recommended by the Transition Team.

APPLICATION PROCESS

- Submit application along with one letter of recommendation from a member of your Transition Team.
- All applications and required information must be submitted 4 weeks prior to the start of the program/activity and sent 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 school or (if applicable) list Spurwink Residence: _____

Name of parent or guardian (if applicable): _____

Program/Activity you are interested in pursuing: _____

Start date: _____ Finish date: _____

Program/Activity contact information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____ Phone: _____ E-mail address: _____

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 is the program/activity you have chosen related to your Transition Plan?

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 _____