



2021 Application MEMIC Harvey Picker Horizon Scholarship

Scholarship assistance for post-secondary education to spouses and children of workers who have suffered a serious workplace injury. Applications must be postmarked by May 14, 2021.

Before submitting your application, please check that you have included the following:

- Your personal statement about the impact of the workplace injury on your family (required)
- A copy of your most recent transcript (required)
- 3 letters of recommendation (required)
- The attached financial information form (required)
- A copy of your financial aid offer (if available)*

**Please note: if your financial aid offer is not available, please still send your application and follow up with all other information as soon as possible.*

For more information visit www.memic.com/horizon.

Injured worker's name: _____ MEMIC Claim #: _____
(If MEMIC claim number is unavailable, please submit injured worker's social security number.)

APPLICANT INFORMATION

Name: _____ Relationship to injured worker: ___ Child ___ Spouse

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Date of birth: ____/____/____

Male () Female () Prefer not to say () Social security number: _____-_____-_____

Email: _____

Name of last high school or college attended: _____

Address of last high school or college attended: _____

Grade point average: _____ Number of students in high school class: _____ Class ranking: _____

Most recent SAT scores (optional): Math: _____ Verbal: _____

Post-secondary school for which aid is requested: _____

Upcoming year in school (circle): Undergraduate: 1 2 3 4 or Graduate: 5 6 7 8

Degree anticipated: AS ___ BA ___ BS ___ MA ___ PhD ___ Other: _____

Major: _____ Minor (if applicable): _____

Have you been accepted to the college of your choice? Yes ___ No ___
(If yes, make sure you have attached a copy of your financial aid award letter.)

Date financial aid form filed: _____

APPLICANT INFORMATION (continued)

List of school activities (Attach additional sheet if necessary.):

Activity	No. years participating	Special honors, offices
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community activities: _____

List of employment, including seasonal or part-time:

Position held	Period of employment	Hours per week
_____	_____ to _____	_____
_____	_____ to _____	_____
_____	_____ to _____	_____

PERSONAL STATEMENT

In a personal statement of 500 words or less, describe your aspirations and how your educational plans will help you achieve them. Discuss the impact of the workplace injury on your family and yourself. Also, please note any personal or family circumstances that you feel make you particularly eligible for this scholarship. Attach the statement on a separate sheet.

Please note: Your application must include: 1) A copy of your most recent high school or college transcript, 2) A copy of your college financial aid offer (can be sent later if unavailable to horizon@memic.com), 3) The attached Financial Information Form, 4) Your personal statement.

Applications must be completed by May 14, 2021 and scanned/mailed to horizon@memic.com or mailed and addressed to:

MEMIC
Harvey Picker Horizon Scholarship
P.O. Box 11409
Portland, ME 04104

I certify that I am a legal resident of the United States and that all information on this form is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated on this form, including a copy of my parent’s and/or my prior year’s U.S. Income Tax return.

Signature of Applicant

Signature of Parent/Guardian (if appropriate)



**MEMIC Education Fund's
Harvey Picker Horizon Scholarship
Financial Information Form**

(Please submit financial information for the previous calendar year.)

FAMILY/HOUSEHOLD CIRCUMSTANCES

1. Total number of people in primary household during the next school year. Include yourself even if you do not live at home. Include siblings who receive more than half their support from parents: _____
2. Total number in family attending college at least half-time during the next school year: _____
3. Parents' marital status (if relevant):
____Married ____Single ____Separated* ____Divorced* ____Widowed

**If your parents are separated or divorced and your eligibility is as a result of an injury to a parent, please list the financial information of the parent who will be primarily responsible for the cost of your education. If both are sharing the cost, list the information of the parent you currently live with. If you are classified by the U.S. Department of Education as independent, please state this and fill out the following information with your financial information.*

INCOME

1. Primary household adjusted gross income (AGI-Form 1040 line 31, 1040A line 16, or 1040EZ line 4):

2. Student's adjusted gross income (Please refer to income tax lines referenced above. If you didn't file a tax form write how much money you earned in the most recent year.): _____
3. Primary household total nontaxable income (social security, child support, welfare benefits, workers' compensation, earned income credit): _____
4. Other untaxed income (total of deductible IRA/Keogh payments, payments to tax deferred pension/savings plans, foreign income exclusion): _____
5. Total income (total of 1-4 above): _____

ASSETS

1. Primary household cash and savings: _____
2. Student's cash and savings: _____
3. Household net real estate equity (subtract debt from appraised value): _____
4. Net value of other assets (stocks, bonds, mutual funds, investments, etc.): _____
5. Total Household assets (total of 1-4 above): _____

LIABILITIES AND DEBTS

1. Accounts payable: _____
2. Other debts (specify): _____
3. Total liabilities and debts (total of 1-2): _____

FINANCIAL INFORMATION (continued)

COLLEGE BUDGET

Estimated total expenses for the coming year. Please refer to the cost of attendance budget at your first choice college. This information should be available in college publications or from the financial aid office.

- a. Tuition and fees: _____
- b. Room and board: _____
- c. Transportation: _____
- e. Personal/other expenses: _____
- f. Total expenses (total of a-e): _____

FUNDS FOR COLLEGE EXPENSES

Total income available for the coming year. Please list as many items as you can estimate at this time. If you have received a financial aid notice from your first choice college you should refer to that, and attach it to this application.

- a. Income from outside job that will be contributed: _____
- b. Income from campus job (work study): _____
- c. G.I. or S.S. benefits: _____
- d. Student's savings that will be contributed: _____
- e. Parents' contribution (estimate): _____
- f. Scholarships (from college, high school or community): _____
- g. Loans: _____
- h. Gifts: _____
- i. Other income: _____
- j. Total income (total of a-i): _____

COMMENTS

Explain any unusual circumstances that might affect your financial need. (Use a separate sheet if necessary.):

CONFIDENTIALITY NOTICE

MEMIC understands that much of the information required in this application is sensitive. MEMIC will take extraordinary care to maintain that confidentiality. This information will not be shared with any person beyond the scholarship review committee without permission from the applicant.