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.
APPLICANT INFORMATION (continued)

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. years participating</th>
<th>Special honors, offices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Community activities:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**List of employment, including seasonal or part-time:**

<table>
<thead>
<tr>
<th>Position held</th>
<th>Period of employment</th>
<th>Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 1, 2020 and scanned/emailed 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 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.