

## The Peter McPherson Scholarship – Tier I

### 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 Services as they graduate and pursue transition-related or post-secondary goals.

### Range of Award

\$250.00 – \$2,500.00

### Eligibility Criteria

In order 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 Services 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 Services.*)

**All applications and required information  
must be postmarked by Friday, April 30, 2010 and sent to:**

Peter McPherson Scholarship Committee  
Attn: Pamela Sperry, Director of Educational Services  
Spurwink Services  
899 Riverside Street  
Portland, ME 04103

“Don't strive for perfection,  
strive for excellence.”

*Peter M. McPherson*



# **Peter McPherson Scholarship Application – Tier I**

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: \_\_\_\_\_

1. Cost of program including transportation and materials required for program  
\$ \_\_\_\_\_
2. Financial aid from any other sources  
\$ \_\_\_\_\_
3. 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?

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

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

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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).

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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) \_\_\_\_\_