

The Peter McPherson Scholarship – Tier II

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 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:

- Be a junior or senior currently enrolled in a Spurwink Services 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: 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 II

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 _____