



## 2024 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 10, 2024.

### 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](http://www.memic.com/horizon).

Injured worker's name: \_\_\_\_\_ MEMIC Claim #: \_\_\_\_\_  
(If MEMIC claim number is unavailable, please submit injured worker's date of birth.)

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Relationship to injured worker: \_\_\_Dependent \_\_\_Spouse

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: Male ( ) Female ( ) Non-Binary ( ) Prefer not to say ( )

Name of last high school or college attended: \_\_\_\_\_

Address of last high school or college attended: \_\_\_\_\_

Grade point average: \_\_\_\_\_ Most recent SAT scores (optional): Math: \_\_\_\_\_ Verbal: \_\_\_\_\_

Post-secondary school for which aid is requested: \_\_\_\_\_

Upcoming year in school (in relation to credits earned): Undergraduate: 1 2 3 4 or Graduate: 5 6 7 8

Degree anticipated: AS \_\_\_ BA \_\_\_ BS \_\_\_ MA \_\_\_ PhD \_\_\_ Other: \_\_\_\_\_

Major: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

### COMMENTS (optional)

Explain any unusual circumstances that may have negatively impacted your academic status.  
(Use a separate sheet if necessary.):

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**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 to later if unavailable), 3) The attached Financial Information Form, 4) Your personal statement.

**Applications must be postmarked by May 10, 2024 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, including self. (Dependent applicants should provide number of people in parent('s') household even if they do not live with them full time and should also include siblings who receive more than half their support from parent(s).): \_\_\_\_\_
2. Total number in family attending college at least half-time during the next school year: \_\_\_\_\_
3. Marital status of parent(s) of dependent applicant (if relevant): \_\_\_\_\_

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*\*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. Applicant'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): \_\_\_\_\_

**FINANCIAL INFORMATION (continued)**

**COLLEGE BUDGET**

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

- a. Tuition and fees: \_\_\_\_\_
- b. Room and board: \_\_\_\_\_
- c. Transportation (if applicable): \_\_\_\_\_
- e. Books: \_\_\_\_\_
- f. Personal/other expenses: \_\_\_\_\_

**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: \_\_\_\_\_
- 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):

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**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.