2022 MEDEA SCHOLARSHIP

Maine Driver Education Association

Purpose

Offer two \$500 scholarships to encourage and assist young people of Maine to start a post secondary education in any field: vocational, technical, or academic. One scholarship for any resident of Maine and a second scholarship for a MEDEA member's family.

Qualifications

- 1. One scholarship for a first year (freshman) full time student. This student must have been instructed in driver education by an instructor that was a member of MEDEA at the time of the driver education course. The name of the driving school and instructor is required.
- 2. A second scholarship, The Mike Sirois Scholarship, is for any MEDEA family member entering any academic year. The name of the family member and affiliated driving school is required. Please note your relationship to the MEDEA member.
- 3. Be a resident of Maine at the time of application.
- 4. Include a photocopy of the top half of your blue or white Course Completion Certificate/Temporary Permit..
- 5. Write a 300 word essay with the following prompt...

How could your driver education instruction in the classroom and/or behind the wheel have better prepared you for driving as an adult?

Deadline Send application & essay to: Beal Driving Academy Attention Felicia 99 Farm Road Bangor, ME 04401 Postmarked by February 28, 2022

Payment

The scholarship winner(s) will be announced by the MEDEA scholarship committee directly to the student. Announcements may also appear in a newspaper, MEDEA website, and student's high school graduation program. Payment will be made directly to the applicant's post secondary school after MEDEA has received a letter from the post secondary school verifying the applicant is enrolled in the fall semester.

The scholarship committee's decision is final.

Contact Felicia at felicia@bealdrivingacademy.com with any questions.

MEDEA SCHOLARSHIP APPLICATION

Maine Driver Education Association

Name:			_ Date of Birth _	
Email Address		Phone Numbe	Phone Number	
-	Address	City	State	Zip Code
	one and complete the appropriate the appropriate first year full time student Name of Driving School			
	Name of Instructor		_ Date Completed Dri	iver Ed
()	MEDEA Family Member MEDEA Member's Name		Relationship _	
High School Information Name:		Phone Number		
Mailing	Address			
Street		City	State	Zip Code
Post Secondary School Information Name				
Addres	S			
Street _		City	State	Zip Code
 Select one and complete the appropriate information. () I have been accepted. () I expect to hear if I have been accepted by (date) and will let you know. () I am already enrolled and will be in my (number) year in the fall of 2021 (MEDEA 				

family member).