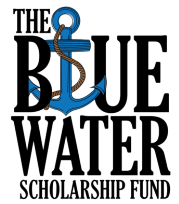


To: Maine Maritime Academy  
 One Pleasant Street  
 Castine, ME 04420



The Blue Water Scholarship Fund is assessing the educational financial needs of \_\_\_\_\_

student ID # \_\_\_\_\_, and they have given authorization as shown below for the release of this information to assist in our efforts.

In order to assist us in this effort we would ask that you kindly provide the below information:

Is this student a full time undergraduate student enrolled in the USCG license program? YES / NO

Does this student remain in good academic standing according to the institution's criteria? YES / NO

|                                 | A                                   | B  | C  | D                                      | E                         | F   |
|---------------------------------|-------------------------------------|--|--|--|---------------------------|---|
| Academic Year:<br>20____/20____ | Applicable<br>Tuition to<br>Student | Room and Board<br>Applicable to<br>Student | Additional<br>Mandatory<br>Academic Fees | Amount of<br>Financial Aid<br>Received | Student Loans<br>Received | Net Amount Unfunded<br>**F = (A+B+C) - (D+E) ** |
| Fall Semester                   |                                     |  |  |  |                           |   |
| Spring Semester                 |                                     |  |  |  |                           |   |
| Summer Sea Term                 |                                     |  |  |  |                           |   |

Certified by:

\_\_\_\_\_  
 Signature Printed Name Title and Date

**Student release:**

I \_\_\_\_\_ student ID # \_\_\_\_\_, hereby authorize the Maine Maritime Academy and its employees to disclose my financial aid and/or academic records with the Blue Water Scholarship Fund and its representatives.

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature