

**Astor Special Opportunities Grant  
Application Form**

**Deadline: May 15, 2026**



Northeast Harbor Library Scholarship Program

1 Joy Road, PO Box 279

Northeast Harbor, ME 04662

Telephone: 207 276 3333

email: [jmiller@nehlibrary.org](mailto:jmiller@nehlibrary.org)

**Please return the completed form to the Northeast Harbor Library.**

**Please answer all questions.**

Full name \_\_\_\_\_ Age \_\_\_\_\_

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

Parent name \_\_\_\_\_

Parent email address \_\_\_\_\_

Home phone number \_\_\_\_\_

The identity of the applicant will be unknown to the reviewers. Please do not use your name in the statement below.

\_\_\_\_\_

Name of program or activity for which funding is sought \_\_\_\_\_

Program mailing address \_\_\_\_\_

Date of program or activity \_\_\_\_\_

Total cost of program or activity \_\_\_\_\_

Funding amount requested \_\_\_\_\_ (The maximum amount awarded per student will be the lesser of (a) one half of the program cost or (b) \$500).

Please briefly describe the program or activity and what participation in it will mean to you. You may add a second page.