



Maine Community Reinvestment Fund Application Form

Important Note Before You Begin

This application may be completed by:

- The individual applying for support, or
- A family member, advocate, caregiver, or other representative on their behalf

Support is also available through the Maine Resiliency Center (MRC), where staff can assist applicants in completing this form.

We understand that sharing your story and navigating an application process can be difficult. Assistance is available and encouraged if helpful.

Section 1: Applicant Information

- Full Name: _____
- Preferred Name (optional): _____
- Date of Birth: ____ / ____ / ____
- Mailing Address: _____
- Email Address: _____
- Phone Number: _____

Section 2: Connection to October 25, 2023 Lewiston Tragedy

Please describe how you were directly impacted by the events of October 25, 2023.
(Select all that apply if relevant)

- I was present at one of the impacted locations
- I was physically injured
- I lost a family member



- I lost a close friend
- I was a local community member or business owner impacted by the events/lockdown
- I served as a first responder or support professional (e.g., law enforcement, emergency medical personnel, funeral service providers, or mental health professionals)
- Other direct impact (please describe below)

Please describe your experience and connection in your own words:

Section 3: Your Goal

Please describe the education, training, certification, or career advancement opportunity you are pursuing.

- Program / Course Name: _____
- Institution or Provider: _____
- Start Date (if known): _____
- Expected Completion Date (if known): _____

In your own words, describe your goal and why it matters to you:

Section 4: Community Impact

How will completing this program or opportunity allow you to give back to or positively impact Maine communities?

Section 5: Budget Information

Please provide an estimated breakdown of costs associated with your program.

Examples may include:

- Tuition or enrollment fees
- Certification or licensing fees
- Required materials or equipment
- Required travel or training-related expenses

Total Estimated Amount Requested: \$ _____

Budget details:

Section 6: Funding Request

Are you requesting funding for:

- Full funding
- Partial funding

If partial, please explain:

Section 7: Additional Support (Optional)

Is there anything else you would like the committee to know about your situation or goals?

Section 8: Authorization & Payment Structure

- I understand that funds are not distributed directly to recipients
- I understand that approved expenses will be paid directly to institutions, vendors, or service providers
- I understand that submission of this application does not guarantee funding
- I understand that applications are reviewed quarterly

I agree to the above terms

Section 9: Consent

- I consent to the Maine Strong Memorial Foundation reviewing my application through the Advisory Committee process
- I understand that information may be shared with committee members and Maine Strong Memorial Foundation board members for review purposes
- I understand that any public sharing of my story is optional and will only occur with my consent

I agree



Section 10: Submission

Once completed, please email this application to mainestrongfoundation@gmail.com.

Applications are reviewed on a quarterly basis. Selected applicants will be contacted directly.

Thank you for taking the time to apply. We recognize the strength it takes to share your story and your goals.