

# Greater Milan Area Community Foundation

2021 SCHOLARSHIP APPLICATION  
Administered by the Community Foundation of Monroe County

This application must be received by your guidance counselor no later than February 4, 2021

Scholarship Name: **David Glenn Memorial Scholarship**

Provide your full, proper name.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Please provide full proper name of both parents or guardians (i.e. Jennifer, not Jenny; Richard, not Dick). Provide addresses for both, if different.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Street Street

City State Zip City State Zip

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you a U. S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been accepted by a College or University? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name(s) of College or University: \_\_\_\_\_

Which one of the above named Universities do you plan on attending? \_\_\_\_\_

Course of Study you plan to follow: \_\_\_\_\_

Briefly describe why you are entering the field of education.

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Describe your leadership experiences and responsibilities.

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List the extracurricular activities you have participated in as a student at Milan High School.

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Describe any special financial circumstances the scholarship committee should take into consideration.

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**\*\*2 Letters of Recommendation & your transcript must be attached for consideration**