

# 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:

**Milan Area Schools Board of Education**

Provide your full, proper name.

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

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

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

Email Address: \_\_\_\_\_

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 \_\_\_\_\_

What is your high school cumulative GPA \_\_\_\_\_

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: \_\_\_\_\_

I will attend:

Full Time  Part Time

I will live:

On Campus  At Home

Starting Date:

\_\_\_\_\_

Why do you want to enter this field of study? \_\_\_\_\_

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Please explain, in detail, your reasons for a scholarship. \_\_\_\_\_

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List below your memberships in school and community organizations and the years you participated in these organizations. Include any offices you have held, special projects you were involved with, awards/honors received, class activities, cadet teaching, and work experience.

Activity/Honor/Award (Attach an additional sheet if necessary.)	Years
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Please attach 2 Letters of Recommendation  
Incomplete Applications will NOT be considered**