

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: The Duane & Isabelle Schultz Milan Area Schools Alumni Scholarship

Provide your full, proper name.

Student Name: _____ School: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Telephone: _____ Email Address: _____

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: _____

I will attend ___ Full time ___ Part time

Number of years completed at Milan High School _____

Why do you want to enter this field of study?

Describe your leadership experiences and responsibilities.

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

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

2 Letters of Recommendation from faculty members & your transcript must be attached for consideration