

# 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  
(THIS SCHOLARSHIP IS FOR STUDENTS WITH PHYSICAL DISABILITIES ONLY)

Scholarship Name: **Ronnie and Paulette Shores Scholarship**

Provide your full, proper name.

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

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

Street

City

State

Zip

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

Members in Immediate Family \_\_\_\_\_

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: \_\_\_\_\_

Number of dependents enrolled in college next year, in addition to the applicant: \_\_\_\_\_

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: \_\_\_\_\_

At the present time, what is your career objective and why did you choose this field? (Attach an additional sheet if necessary.)

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List below your memberships in school and community organizations and the years you participated in these organizations. Include offices you have held, special projects worked on, awards or honors received, class activities, cadet teaching, and work experience.

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Explain fully your reasons for requesting a scholarship. (Attach an additional sheet if necessary.)

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Please describe your physical disability and how this disability has affected your education to date.

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Describe what you have done to meet the challenge of overcoming your disability at school.

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Describe your favorite experiences at school?

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What is your goal 5 to 10 years from now?

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STUDENT'S FINANCIAL RESOURCES:

Expected Costs of 1<sup>st</sup> year of College: \_\_\_\_\_

Savings: \_\_\_\_\_

Est. Earnings from Employment: \_\_\_\_\_

Scholarships awarded: \_\_\_\_\_

Parent's Contribution: \_\_\_\_\_

<p><b>Anticipated financial assistance needed to fund the first year of college?</b></p> <p>_____</p>
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Explain any special financial circumstances you wish the scholarship committee to consider when evaluating your financial need.

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If chosen for this award, your award will be presented at class night along with the rest of the local scholarships. By applying for this scholarship, you acknowledge that, if selected, your name will be announced in relation to the Ronnie & Paulette Shores Scholarship criteria: "This scholarship will be awarded to a student who has successfully adjusted to a physical disability." **Verification of the physical disability is required by a medical doctor (MD or DO) and must be submitted with the application.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date