

Application for Friends of Grass Lake Township Scholarship

APPLICANT'S NAME				DATE	
ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBER		High School Name / County			
EMAIL ADDRESS					
PARENT (S) or GUARDIAN (S)			PARENT (S) or GUARDIAN (S)		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DATE OF GRADUATION	GPA (4.0 scale)	NAME OF COLLEGE OR TECHNICAL SCHOOL YOU PLAN TO ATTEND			
CURRICULUM YOU PLAN TO PURSUE				BEGINNING DATE OF SEMESTER	
HOW DID YOU CHOOSE THIS CURRICULUM?					
LIST ANY ACADEMIC, ARTISTIC, SOCIAL, OR ATHLETIC HONORS RECEIVED					
LIST IN DETAIL COMMUNITY INVOLVEMENT/SERVICE ACTIVITIES (Including school sponsored activity. Use additional paper to write this)					

LIST ANY COMMUNITY RELATED AWARDS OR HONORS

LIST ANY SCHOOL SPONSORED EXTRACURRICULAR ACTIVITIES PURSUED DURING HIGH SCHOOL

LIST ANY JOBS HELD DURING HIGH SCHOOL/COLLEGE. INCLUDE THE EMPLOYER AND YOUR POSITION AND/OR DUTIES

STATEMENT OF FINANCIAL NEED (use additional paper if needed)

IS THERE ANY OTHER INFORMATION ABOUT YOURSELF THAT YOU THINK WILL BE HELPFUL TO THE SELECTION COMMITTEE? (Use additional paper if necessary)

COUNSELOR'S / PRINCIPAL'S CERTIFICATION:

TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HEREBY VERIFY THAT THE ACADEMIC INFORMATION AND SUMMARY OF SCHOOL ACTIVITIES AS SUBMITTED IN THIS APPLICATION ARE CORRECT AND THAT THE APPLICANT MEETS THE ELIGIBILITY REQUIREMENTS OUTLINED.

PRINCIPAL/ COUNSELOR'S SIGNATURE (Required)

DATE

PRINCIPAL/ COUNSELOR'S PRINTED NAME

STUDENT'S SIGNATURE

DATE