



Straits Area Community Foundation
Mackinaw City High School Scholarship Fund Application

You are eligible if **all** of these are true:

- ☐ You are graduating from Mackinaw City High School.
☐ You have attended Mackinaw City High School for at least two years.

Please type or print all information in ink. Neatness and clarity are important.

Applicant's Name: _____

Street Address: _____ City/State/Zip Code: _____

Last 4 Digits of Social Security Number: _____ Phone Number: _____

Name of Parents/Guardians: _____

Parents'/Guardians' Occupations: _____

Number of Siblings: _____ At Home: _____ In College: _____

What school will you be attending?

_____ City/State: _____

*Have you been accepted to this school? ☐ Yes ☐ No

1. High School Involvement (sports, clubs, student government, Youth Advisory Council, etc.):

Application continues on next page. >>>>>

2. Community Involvement (youth groups, volunteer work, etc.):

3. Work Experience (type of job, where employed, dates):

4. Hobbies and Interests (not mentioned above)

5. Awards/Honors Received (please include year):

6. Write a short essay indicating your potential area of study. Why are you interested in this career? Why did you select the college or school that you did? Please feel free to add any additional information that you feel is relevant to this application. (Essay may be completed as a separate document and turned in with your completed application.)

7. Submit two (2) letters of recommendation with your completed application.

I/We hereby affirm that the information on this form is true and complete to the best of my/our knowledge. I/We are aware of the conditions under which this scholarship is awarded and promise to inform the Straits Area Community Foundation of any change in circumstances. In the event an award is provided, photographs of my son/daughter or me may be used in publicity, newsletters and other SACF promotions.

Student Signature

Date

Parent/Guardian Signature

Date

ALL APPLICATION PACKETS MUST BE RECEIVED NO LATER THAN APRIL 1.

To be considered for this scholarship, you must include:

Please include all attachments behind this application form.

___ Completed Application Form

___ Essay

___ Two (2) letters of recommendation (may not be from family members)

RETURN APPLICATION PACKETS TO:

Straits Area Community Foundation

P.O. Box 495

Alpena, MI 49707

Print Form

Straits Area Community Foundation is an affiliate of the Community Foundation for Northeast Michigan.