

Grayling Kiwanis Club Scholarship Fund Application

| You are eligible if <u>all</u> of these are true: You are graduating from Grayling High School. You have a minimum G.P.A. of 2.5. You will be attending an accredited college, university or trade school. | | | | | |
|---|--|--|--|--|--|
| 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.):

| 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. | Submit two (2) letters of recommendation with your completed application. | | | |
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Application continues on next page. →

| 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 North Central Michigan 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 NCMCF promotions. | | | | | | |
|---|--------------------------|---------------------------|----------|--|--|--|
| Student Signature | Date | Parent/Guardian Signature | Date | | | |
| ALL APPLICATION PACKETS MUST BE RECEIVED NO LATER THAN <u>APRIL 1st.</u> (Or the first regular business day in April) | | | | | | |
| To be considered for this schola | rship, you must include: | | | | | |
| Please include all attachments behind this application form. Completed Application Form Two (2) letters of recommendation (may not be from family members) | | | | | | |
| RETURN APPLICATION PACKETS TO: NORTH CENTRAL MICHIGAN COMMUNITY FOUNDATION OFFICE: P.O. BOX 495 ALPENA, MI 49707 | | | | | | |

North Central Michigan Community Foundation is an affiliate of the Community Foundation for Northeast Michigan.