P.O. Box 495 ▪ Alpena, MI 49707-0495
Toll Free Phone: 877-354-6881 ▪ Fax: 989-356-3319 ▪ www.sacf.net

MACKINAW MEMORIAL PARADE, INC. SCHOLARHSIP

(For undergraduate study)

Due: April 1st

BE SURE YOU MEET THESE THREE ELIGIBILITY REQUIREMENTS BEFORE YOU APPLY:

- You are a graduating senior from any of the following high schools: Cheboygan High School, Inland Lakes High School, Mackinaw City High School, Wolverine High School or LaSalle High School (St. Ignace).
- Your grade point average is 2.60 or above.
- You plan to attend an accredited college or university to **major** in the field of Performing Arts (i.e. dance, theater, musical performance, vocal performance, etc).

PLEASE MAIL THE COMPLETED PACKET TO:
Straits Area Community Foundation
P.O. Box 495
Alpena, MI 49707-0495

SCHOLARSHIP APPLICATION PACKETS MUST INCLUDE:

1. A cover letter listing your career goals and the reasons why you are applying for this scholarship.
2. The completed and SIGNED Scholarship Application Form
3. Copies of your high school transcripts. Contact your high school/college for transcript information. The Community Foundation for Northeast Michigan (CFNEM) and its affiliates are a registered destination with Docufide. (www.docufide.com)
4. Letters of recommendation from two (2) different people. These letters must be written by someone other than a family member and address your strengths, skills and any other information that should be taken into consideration by the scholarship committee in its review process. *Note: Letters should be current (within six months of the deadline), dated and signed. **At least one of the letters must be from someone not affiliated with school.** Letters may be sent directly to the SACF office by the April 1st deadline, or included with your application.

Scholarships are determined on a competitive basis. The college must show final acceptance for admission and a letter stating that the admission fee has been paid. All scholarship awards are paid directly to the college you will be attending.

Additional copies of these application forms are available from your high school counseling office or at www.sacf.net. Questions may be directed to the Straits Area Community Foundation at (877) 354-6881.

Mackinaw Memorial Parade, Inc. Scholarship for Performing Arts

Straits Area Community Foundation

APPLICANT INFORMATION
(Please type or neatly print all information.)

Name: _____

Street Address: _____

City/State/Zip: _____

E-mail Address: _____ Phone: _____

Last four digits of your Social Security Number: _____ Date of Birth: _____

Name of High School: _____ County of High School: _____

High School Graduation Date/Expected Graduation Date: _____ High School G.P.A. _____

FAMILY INFORMATION
(Provide the following information where applicable.)

Parent/guardian, or spouse: _____
Name Nature of Relationship

Address if different from your own: _____
Phone Number

Additional parent guardian information: _____
Name Nature of Relationship

Address if different from your own: _____
Phone Number

Educational Plans
Colleges/Universities to which you have applied:

1. _____ City: _____ State: _____

2. _____ City: _____ State: _____

Program of Study: _____
(Must be in the field of Performing Arts)

***Are you the first person in your immediate family to attend college?** ☐ **Yes** ☐ **No**

Scholarship application continues on next page.

Scholarship Application Form (continued)

Please provide the following information as it applies to you. If additional room is needed for your responses, you may attach another sheet with the application.

1. Background in Performing Arts.

A. School-Related (e.g. band, chorus, drama, competitions and performances)

Group/Activity	Length of Participation (weeks, months, years)	Leadership Position Held

B. Non School-Related (e.g. community band, chorus, orchestra, dance or theater, church vocal/instrumental, summer music camp)

Group/Activity	Length of Participation (weeks, months, years)	Leadership Position Held

2. School-Based Extracurricular Involvement (e.g. Youth Volunteer Corps, National Honor Society, sports,)

Group/Activity	Length of Participation (weeks, months, years)	Leadership Position Held

3. Non School-Related Involvement (not sponsored as a direct school activity)

A. Community Activities (primarily intended for personal growth and development, e.g. church activities, youth group, scouting, etc.)

Group/Activity	Length of Participation (weeks, months, years)	Leadership Position Held

Scholarship Application Form (continued)

B. Community Service (primarily intended to assist others in need, e.g. soup kitchen, Salvation Army, Red Cross, Youth Advisory Council, etc.)

Group/Activity	Length of Participation (weeks, months, years)	Leadership Position Held

4. Other Responsibilities

A. Family/Home Responsibilities (List regular chores/duties such as child/elder care, farm work, etc.)

B. Paid Employment (List employment during high school, not including home responsibilities listed above.)

5. Awards and Honors Received During High School

6. Are there any unusual family or personal circumstances you feel warrant the screening committee's attention in considering this scholarship 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 1st
(The first regular business day in April)

To be considered for this scholarship, you must include:

- ___ **Cover Letter of Application**
- ___ **The completed and *signed* SACF Application Form**
- ___ **High School Transcripts (Contact your high school/college for transcript information. *CFNEM is a registered destination with Docufide – www.docufide.com)***
- ___ **Two signed and dated letters of recommendations (Note requirements on first page.)**

RETURN APPLICATION PACKETS TO
Straits Area Community Foundation
P.O. Box 495
Alpena, Michigan 49707-0495

Print Form