



## Cheboygan Area High School Scholarship Fund Application

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

- ☐ You are graduating from Cheboygan Area High School.
- ☐ You have attended Cheboygan Area High School for all of 11<sup>th</sup> and 12<sup>th</sup> grade.
- ☐ You have a minimum G.P.A. of 2.8.
- ☐ 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.):

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.

**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 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<sup>st</sup>.**  
(Or the first regular business day in April)

**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 OFFICE:**  
**P.O. BOX 495**  
**ALPENA, MI 49707**

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