

Michigan Gateway

community foundationSM

COMMON SCHOLARSHIP APPLICATION

FOR SCHOLARSHIP PROGRAMS OF MICHIGAN GATEWAY COMMUNITY FOUNDATION

To be completed by the applicant and postmarked/returned
on or before March 15th of the current school year. Please return to:
111 Days Ave., Buchanan, MI 49107

Check all scholarship programs for which you are applying (**PLEASE INCLUDE EXTRA COPIES OF THE ORIGINAL APPLICATION FOR EACH SCHOLARSHIP BOX YOU HAVE CHECKED ALONG WITH COPIES OF ACCOMPANYING MATERIALS (NO STAPLES PLEASE). IF YOU APPLY FOR 3 SCHOLARSHIPS WE NEED ORIGINAL APPLICATION AND 3 COPIES.**)

Description of scholarships provided to guidance office.

Buchanan High School

- Roma Holmes Scholarship
- Buchanan Lions Club Scholarship
- Walter E. Schirmer Memorial Scholarship
- Ruediger and Karin Kappe Scholarship
- Janet Funk Racht Memorial Scholarship
- Janet L Mottl Memorial Scholarship
- Unity Hospital Education Fund Health Careers Scholarship
- Fay Frazee Nursing Scholarship
- Jane Davis Health Careers Scholarship
- Niles Buchanan Rotary Scholarship

Brandywine High School

- Ann Coulston Memorial Scholarship
- Class of 1973 Alumni Scholarship
- Jay and Cecile McCombs Memorial Scholarship
- Carol Thurston Scholarship
- Fay Frazee Nursing Scholarship
- Jane Davis Health Careers Scholarship
- Niles Buchanan Rotary Scholarship

Niles High School

- George and Margaret Contois Scholarship
- Jeanne Griffin Memorial Scholarship
- Fay Frazee Nursing Scholarship
- Jane Davis Health Careers Scholarship
- Niles Buchanan Rotary Scholarship
- NHS Class of 1962 Scholarship

Cassopolis Schools

- Caryl Beck-Miller Pets Alive Scholarship
- Joseph Norton Sheteron Memorial Scholarship
- Helen and Dale Cropsey Educational Endowment

Other Scholarships

- Galien Ambulance Scholarship – for students residing in the Galien District
- Lee F. Auble Memorial Scholarship – **Berrien Springs High School**

APPLICANT NAME: _____

APPLICANT INFORMATION

Name: _____

*Last**First**Middle*Address: _____
*Number and Street**City**State**Zip*High School: _____ Date of Birth: _____
Month/Day/YearDaytime Telephone Number: _____ Length of residency
at this Address: _____

Evening Telephone Number: _____ Email Address _____

Spouse's name: _____ Number of Dependent
Children: _____

Employed at: _____ How long? _____

*Frazee and/or Davis Scholarship Applicants: Are you or have you ever been a volunteer at
Lakeland Medical Center, Niles? _____ Duration of volunteer activity: _____

FAMILY INFORMATION

Name of father/stepfather/guardian: _____

Address: _____

Employer: _____

Name of mother/stepmother/guardian: _____

Address: _____

Employer: _____

Estimate of annual family income: _____

Number of siblings in college at this time: _____

ACADEMIC INFORMATION: <u>Please include a transcript</u>

Graduation Date: _____ Rank: _____ in a class of _____
Month/Year

Membership in the National Honor Society? Yes _____ No _____

ACT/SAT _____ Cumulative Grade Point Average _____

Post-secondary schools to which you have applied. Please indicate your First Choice with a check mark.

 _____ _____

Major/ Field of Interest: _____

FINANCIAL RESOURCES

Have you applied to other funding sources for loans, scholarships, or grants? Yes ___ No ___
If "yes," what are the results to date?

Source	Amount Sought	Granted	Pending

List your anticipated expenses and resources:

ESTIMATED EXPENSES		RESOURCES	
Tuition & Fees		Personal Savings	
Books & Supplies		Parent/Relative Aid	
Room & Board		Scholarships/Grants	
Personal Expenses		Other	
TOTAL		TOTAL	

Do you anticipate you will demonstrate financial need according to the Free Application for Federal Student Aid (FAFSA) to attend college: _____ Yes _____ No

ALL APPLICANTS: Are there any unusual personal, family, or financial circumstances relating to this scholarship request that you wish the Scholarship Selection Committee to know? Please relate any of these circumstances in the area below.

LIONS SCHOLARSHIP APPLICANTS: Some preferential consideration is given to students who have special needs related to Lions' service objectives, such as sight, hearing, speech impairment, and related disorders, such as diabetes. Please relate any of these circumstances in the area below.

CARYL BECK-MILLER APPLICANTS: A hand-written, one page essay on why you deserve the scholarship is a requirement of the fund agreement. Please attach it to the application.

(All information remains confidential.)

SCHOOL, COMMUNITY & PERSONAL ACTIVITIES
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Using only the space provided below, please list extracurricular, community, and personal activities in which you have participated during the past three years, as well as activities you are planning for the current year. Include clubs, school sports, student government, music and fine arts, volunteer work, youth programs, scouting, etc. List your activities **in order of importance to you.**

ACTIVITY	LEADERSHIP POSITIONS, AWARDS, RECOGNITION

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PERSONAL STATEMENT

Please attach a statement describing your educational plans as they relate to you and your career goals. Include information about yourself that you would like the Scholarship Selection Committee to remember about you when reviewing all the scholarship applications. **Applications without a personal statement will not be considered for award determination.**

LETTERS OF RECOMMENDATION: All scholarships require <u>TWO</u> letters of recommendation from an adult other than your parents. You may ask that letters of reference be sent to the Foundation (provide a stamped envelope) or you may attach the reference letters to your application.
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It is the applicant's responsibility to have all materials completed and returned to the Foundation office or postmarked to the Foundation by March 15th of the current school year.

**APPLICATIONS RECEIVED AFTER MARCH 15th
WILL NOT BE ACCEPTED.**

Your signature on this application authorizes Michigan Gateway Community Foundation and the appropriate Scholarship Selection Committee to examine your academic and personal records and certifies the accuracy of the information you have provided.

UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant's Authorization Signature _____

*Signature(s) _____

of Parent(s)/ Guardian _____

*The student applicant is required to sign this application. The parent(s) must also sign if the student applicant is under 18 years of age.

**Completed applications and copies must returned
to the Foundation or postmarked by March 15th**

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 Buchanan, MI 49107
 269-695-3521
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