

Mount Clemens Commitment Scholarship Application

Application Deadline: May 21, 2021

1. _____
First Name MI Last Name

2. _____
Street Address City MI Zip Code
(Must reside in the Mount Clemens School District proper)

3. _____/_____/_____
Birth Date (month/date/year)

4. _____
Email Address

5. Name and address of college you will attend in the Fall of 2021 (Must be an in-state, public two or four year university, college or other post-secondary educational institution).

Name of University/Post-Secondary School

Address

City State Zip Code

6. I verify that I will be a senior graduating in 2021 from Mount Clemens High School Y/N

7. I verify that I reside within the Mount Clemens Community School District boundaries Y/N

8. I verify that I have applied for and have been accepted into, and it is my present intent to attend on a full-time basis, the above referenced two or four-year university, college or other post-secondary institution, and that the institution is located in the State of Michigan. Y/N

9. I will inform the Mount Clemens Commitment of any changes in address, phone number or academic standing. Y/N

10. I understand that am required to provide the Mount Clemens Commitment with an invoice or other acceptable evidence of my financial obligation to a qualifying post-secondary educational institution in order to receive this award. Y/N

11. I understand that if I am determined to be eligible for an award from the Mount Clemens Commitment, the award will be paid by check payable to the qualifying post-secondary educational institution. Y/N

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12. If, for any reason, I do not attend the post-secondary institution indicated above, and receive a refund of the amounts awarded herein, I will reimburse the Mount Clemens Commitment for such amounts. Y/N

13. I certify that the information given on this application is true. Y/N

I authorize the Mount Clemens Community School District to provide this information to the Mount Clemens Commitment, and my application materials and information may be used in whatever manner is deemed necessary by the Mount Clemens Commitment.

My signature below verifies that I have read and accept these conditions.

_____/_____/_____
Signature (Student) Date

_____/_____/_____
Signature (Parent/Guardian) Date

APPROVED:

_____/_____/_____
Mount Clemens High School Administration Date

_____/_____/_____
Mount Clemens Commitment Scholarship Committee Date



The Mount Clemens Commitment reserves the right to make final selection of scholarship recipients based upon, but not limited to, the requirements described in this application, or upon any other criteria deemed relevant by the Board of Directors.

A total of 10 scholarships, totally \$500 each, will be awarded to the first qualified applicants.