

DEADLINE: MAY 1, 2019

RECEIVED: _____

(office staff complete)

MOUNT CLEMENS HIGH SCHOOL

2019 APPLICATION FOR LOCAL SCHOLARSHIPS

Note: Scholarship applications received after the deadline will not be considered.

Student Name: _____

Address: _____

Street

City

State

Zip

Phone Number: _____ Alternate Number: _____

1. Name of parent(s)/guardian(s) with whom you are living:

2. Occupation of parent(s)/guardian(s) with whom you are living:

3. Where do you expect to attend college and when do you intend to start?

4. What is the approximate cost to attend the college indicated in question #4?

5. What is your intended major? _____ minor _____

6. List the school and community activities with which you have participated.

7. List any special honors or awards you have received while attending MCHS. Also, list any leadership positions you have held at school or in community organizations.

8. List all student employment you have held and length of employment:

9. List all student aid received for college prior to June 1, 2018:

10. If there are any unusual financial circumstances that may affect your student's ability to attend college, please explain here:

11. All applicants must include three (3) letters of recommendation with this application.

Parent Certification

All the information furnished in this application is true and complete to the best of my (our) knowledge. All information provided is confidential and will be reviewed only by the ***"Mount Clemens High School Scholarship Screening Selection Committee."***

Signature of Parent/Guardian

Signature of Student

Date

Date