Lapeer County Community Foundation

**Jack and Carolyn Griffin**

**Memorial Scholarship Application**

*The Jack and Carolyn Memorial Scholarship Fund was established in 2009 as a living tribute to Walker and Fern Griffin, former residents of North Branch*

**PART ONE** is for residents of Lapeer County and graduating seniors of North Branch High School.

**PART TWO** is for residents of Lapeer County and **past recipients** of the Jack and Carolyn Griffin Memorial Scholarship (Part Two is attached below Part One.)

**PART ONE:**

**Criteria:** Applicant must be a graduating senior of North Branch High School and must be accepted by an accredited post-secondary degree granting college, university or trade school. Preference will be given to students who exhibit exceptional personal qualities, especially excellent attendance, honesty, sensitivity and service to others. Minimum cumulative GPA of 2.5 required for secondary studies. A personal interview may be requested by the scholarship selection committee. Award: (5) - $1,000 scholarships

*Instructions: Complete the fillable application, print, sign and date. It may be necessary to click on “Enable Editing” command at the top of the screen.*

**Personal Information:**

|  |  |  |
| --- | --- | --- |
| Last Name: | First name: | Middle Initial: |
| Address: | | City: |
| Zip Code: | Township: | County: |
| Home phone: | Student cell: | Date of Birth: |
| Student ID #: | Student email: | |
| Parents/Guardians: | | Annual household income: |

**Student Experiences and Activities:**

|  |  |  |
| --- | --- | --- |
| High School Attending: | Graduation date: | Cumulative GPA: |
| Colleges or vocational schools attended (if any): | | |
| School activities and involvement/leadership positions: | | |
| Community and non-school activities: | | |
| Employment history: | | |
| Anticipated profession or area of vocational interest: | | |

**Colleges, vocational schools and/or academies applied to and accepted at (in order of preference):**

|  |  |
| --- | --- |
|  | Anticipated costs for 1 year: |
| 1) |  |
| 2) |  |
| 3) |  |

**List of other scholarships, grants or financial aid applied for:**

Name Amount of award Awarded? Yes, No, Pending

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**How did you hear about this scholarship?**

**Student Essay Question** (Limit your answer to 200 words, responding to **each** of the following:

(a) What are your immediate and long term goals? (b) People and events shape our lives. Name one person or event that has influenced your life and why. (c) How have you shown concern and provided service for the welfare of other students and the community?

*I, the undersigned, hereby acknowledge the information provided on this application is true and correct to the best of my knowledge.*

*Student applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please include with your application a copy of:

1) your current transcript showing cumulative GPA;

2) all household IRS federal tax return to verify income (page 1 & 2 only- with social security numbers and bank numbers blacked out)

3) a current photo (optional) of yourself to be used for publicity purposes if an award is granted By attaching your photo and signing this application you agree to its use in Foundation news releases and publications.

4)Please do not send in double sided copies or use staples.

Application must be postmarked NO LATER THAN **March 17, 2017.**

Mail to: Jack and Carolyn Griffin Scholarship Committee

Lapeer County Community Foundation

264 Cedar Street

Lapeer, MI 48446

Questions may be directed to: Nancy Boxey, Executive Director

Phone: 810 664-0691

Email: nboxey@lapeercountycf.org

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**Memorial Scholarship Application**

*The Jack and Carolyn Memorial Scholarship Fund was established in 2009 as a living tribute to Walker and Fern Griffin, former residents of North Branch*

**PART ONE** is for residents of Lapeer County and graduating seniors of North Branch High School.

**PART TWO** is for residents of Lapeer County and **past recipients** of the Jack and Carolyn Griffin Memorial Scholarship.

**PART TWO:**

**Criteria:** Applicant must be a past recipient of the Jack and Carolyn Griffin Memorial Scholarship and a resident of Lapeer County. Applicant must be enrolled in an accredited post-secondary degree granting college, university or trade school. Preference will be given to students who exhibit exceptional personal qualities, especially honesty, sensitivity and service to others. Minimum cumulative GPA of 2.5 required for post-secondary studies.

Award: (2) - $1,000 scholarships

*Instructions: Complete the fillable application, print, sign and date. It may be necessary to click on “Enable Editing” command at the top of the screen.*

**Personal Information:**

|  |  |  |
| --- | --- | --- |
| Last Name: | First name: | Middle Initial: |
| Address: | | City: |
| Zip Code: | Township: | County: |
| Home phone: | Student cell: | Date of Birth: |
| Student ID #: | Student email: | |
| Parents/Guardians: | | |
| In what year(s) were you a recipient of the Jack and Carolyn Griffin Memorial Scholarship? | | |

**Student Experiences and Activities:**

|  |  |  |  |
| --- | --- | --- | --- |
| College/school attending: | Anticipated graduation date: | Cumulative GPA: | Anticipated costs for 1 year: |
| School activities and involvement/leadership positions: | | | |
| Community and non-school activities: | | | |
| Employment history: | | | |
| Anticipated profession or area of vocational interest: | | | |

**List of other scholarships, grants or financial aid applied for:**

Name Amount of award Awarded? Yes, No, Pending

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

**Student Essay Question** (Limit your answer to 200 words, responding to **each** of the following:

(a) What are your immediate and long term goals? (b) People and events shape our lives. Name one person or event that has influenced your life and why. (c) How have you shown concern and provided service for the welfare of other students and the community?

*I, the undersigned, hereby acknowledge the information provided on this application is true and correct to the best of my knowledge.*

*Student applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please include with your application a copy of:

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