Lapeer County Community Foundation

**Dr. James and Doris Richardson**

**Scholarship Application**

**Criteria:**

 a. Must be a current resident of Lapeer County or Genesee County and have graduated from Lakeville schools or a Lapeer County school.

 b. Must be at least a second year-enrolled college applicant in a pre-science medical professional program such as medical, dental, nursing, or physician’s assistant, physical therapy, or technical support position such as X-ray or lab.

 c. Must hold a 3.2 GPA or higher in post-secondary studies.

*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 Attended:      | Graduation date:      |
| Colleges attended/degree earned(if any):      |
| College/program attending:       | Anticipated cost for one year:      | Current GPA:      |
| Anticipated profession or area of vocational interest:      |
| Community and non-school activities:      |
| Employment history (Name of employer, name of manager, and position (up to 3 employers):      |

**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).

What do you hope to achieve in the medical field?

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

*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 most recent 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 of yourself (optional) 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 **APRIL 28, 2017.**

Mail to: Dr. James & Doris Richardson 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