

Lapeer County Community Foundation

**General Scholarship Application**

**Check one:**

**[ ]  Broesamle:** Must be a resident of Dryden or Dryden Township or Almont or Almont Township.

[ ]  **Medical:** Must be a resident of Lapeer County; at least a second-year enrolled college student in a pre-science medical professional program such as medical, dental, nursing or physician’s assistant; 3.2 GPA or higher.

*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:       |  |  |
| Adjusted Gross Household Income:      | # of Children in household:      | # of Children in College:      |

**Student Experiences and Activities:**

|  |  |  |
| --- | --- | --- |
| High School Attended:      | High School Graduation date:      | Current GPA:      |
| Colleges attended/degree earned (if any):      |
| School activities and involvement/leadership positions:      |
| Community and non-school activities:      |
| Employment history (Name of employer, name of manager, and position (up to 3 employers):      |
| 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)     Click or tap here to enter text. |       |
| 2)      |       |
| 3)      |       |

**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 with your college education?

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Required Attachments:**

**1. Current transcript showing credits earned and current GPA.**

**2. Copy of SAT scores if you are a graduating high school senior.**

**3. Copy of your current year FAFSA Student Aid Report (SAR). Please only submit the page that**

 **Shows EFC (Estimated Family Contribution)**

**4. A letter of recommendation (optional)**

**Submission Instructions:**

1. **Please do not submit double sided copies or use staples.**
2. **Please submit an original signed application including all attachments along with six**

 **complete copies for a total of seven complete packets.**

1. **Please paperclip each complete packet.**
2. **Please mail all seven packets in one envelope to the committee and address listed below.**
3. **If you are applying for more than one scholarship through LCCF, please do not combine**

 **different named scholarships in one envelope as they have different committees.**

Applications must be postmarked NO LATER THAN **Friday, March 15, 2019.**

Mail to: **Broesamle Scholarship Committeee Medical Scholarship Committee**

 LCCF **OR** LCCF

 235 W. Nepessing Street 235 W. Nepessing Street

 Lapeer, MI 48446 Lapeer, MI 48446

Questions may be directed to: Nancy Boxey, Executive Director

 Phone: 810 664-0691

 Email: nboxey@lapeercountycf.org

