

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 SAI (Student Aid Index)**

**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 10, 2023.**

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

