



A.E. Curtis Alumni Scholarship

ELIGIBILITY/CRITERIA

The A.E. Curtis Scholarship is in memory of a former teacher and administrator of Adrian Public Schools.

The criteria for this scholarship include but are not limited to demonstration of successful academic ability and determination to achieve personal goals. The recipient of the A.E. Curtis Alumni Scholarship must enroll in a college/university in the fall immediately following graduation.

APPLICATION PROCEDURES

Submit Adrian High School Scholarship Application (including all attachments listed on the application)

Adrian High School Scholarship Application

Common application for ALL Adrian High School Scholarships

NAME OF SCHOLARSHIP: _____

Be sure to submit all necessary documentation listed below. Incomplete applications will not be considered. Submit a SEPARATE common application and documentation for EACH SCHOLARSHIP. DO NOT STAPLE!

Applic	cant's Name:		
Parent	t Names		
	t Employer(s)		
	er & Street City State Zip		
Home phone number Student cell phone			
Planne	ed course of study		
	ere additional sources of financial support anticipated to fund your college education? YES NO		
Attac	ch to this application a copy of the following in the order listed:		
	Current High School Grade Transcript		
	College Acceptance Letter		
	□ Activities resume (including awards, volunteer, work and school activities, and community service)		
	2 Letters of recommendation from faculty, administration or a responsible community person (not related to the applicant), unless a different request is stated for a specific scholarship. Review each scholarship for "specific requirements".		
	Brief written essay explaining "Why I think I should be the recipient of this scholarship?"		
	Review each scholarship for "specific requirements".		
	Return Completed Application and Additional Material (if required)		

to the Counseling Center by Friday, April 11, 2025 at 3pm

I authorize the release of my high school grades, test scores, and other pertinent information in my high school file to the Selection Committee.

I understand that this scholarship, if granted to me, is for pursuing the course of study at the college/university stated in the application. If for any reason my plans change before beginning my freshman year, I will inform the Scholarship Committee/AHS Business Office by letter. At that time the Scholarship Committee/AHS Business Office will have the right to reevaluate my application and revoke my scholarship.

Signature of Applicant:	Date:
Signature of Parent:	Date: