



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's for this scholarship include but is 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

A Separate Packet is needed for each Scholarship

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!

Applicant's Name:				
Parent Names				
Parent Employer(s)				
Number & Street	City	State	Zip	
Home phone number	Student cell phone			
Planned course of study				
Are there additional sources of financ	ial support anticipated to fund your	college educati	ion? YES	NO

Attach 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 Thursday, April 14, 2022 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: _____ Date: _____

Signature of Parent: _____ Date: _____ Date: _____

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Parent Names				
Parent Employer(s)				
Number & Street	City	State	Zip	
Home phone number	Student cell phone			
Planned course of study				
Are there additional sources of financial support anticipated to fund your college education? YES				

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Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____ Date: _____