



MICHENER ELEMENTARY SCHOOL PTO SCHOLARSHIP

Eligibility/Criteria:

- **Attended Michener Elementary at least their 5th grade year**
- **Accepted to a 2 or 4 year college/university**
- **Complete a brief essay" My most memorable moment from Michener Elementary".**

^^Submit Adrian High School scholarship application—include all attachments listed on that 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.

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 financial support anticipated to fund your college education? 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 and work activities, community service, and school activities)
- ☐ 2 Letters of recommendation from faculty, administration or community person (NOT related to the applicant).
- ☐ Brief written essay explaining "*What is your most memorable experience from Michener Elementary.*"
- ☐ Review each scholarship for "specific requirements".

Return Completed Application and Additional Material (if required)

to the Counseling Center by Friday, April 12, 2024 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: _____

A separate packet is needed for each scholarship.