MICHENER PTO SCHOLARSHIP



Adrian High School graduating senior who has:

- Attended Michener Elementary School for a minimum of 3 years
- Attended AHS their junior and senior years
- Been accepted and plan to attend a two or four year college, technical or vocational school
- A minimum 2.8 GPA



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

Adrian	High	School	Scholarship	Application
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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.

<u>i</u> D	Applic	ant's Name:									
scholarship						<u> </u>					
lar	Parent Employer(s)										
0 L	Number & Street										
	Home phone number		Student cell phone								
ch	Planne	d course of study									
ea	Are there additional sources of financial support anticipated to fund your college education? YES NO										
for											
	Current High School Grade Transcript										
eeded		College Acceptance Letter									
2		Activities resume (including awards, volunteer, work and school activities, and community service)									
packet is		□ 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".									
âtí		Return Completed Application and Additional Material (if required)									
separate		to the Couns	seling Center by <mark>Friday, April 11, 202</mark>	<mark>5 at 3pr</mark>	<u>n</u>						
٩		orize the release of my l chool file to the Selectio	high school grades, test scores, and other per on Committee.	rtinent inf	ormation in	n my					
	college	/university stated in the a	p, if granted to me, is for pursuing the course of application. If for any reason my plans change be p Committee/AHS Business Office by letter. At t	efore begin	ning my fres						

Signature of Applicant: _____ Date: _____ Date: _____ Date: _____

Committee/AHS Business Office will have the right to reevaluate my application and revoke my scholarship.