Project Unify Scholarship

This scholarship if offered to any Adrian High School
senior who has been an active member of Project Unify.

Requirements:

1) Adrian High School senior involved in Project Unify for at least
   two years.

2) 2.5 grade point average (or above)

3) Write and submit a 250-word essay on how Project Unify has
   impacted you.

Adrian High School Scholarship Application

Common application for ALL Adrian High School Scholarships

A separate packet is needed for each 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: <u>DO NOT STAPLE!</u>

- ☐ 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
- ☐ Brief written essay explaining "How has Project Unify impacted you?".

Return Completed Application and Additional Material (if required)
to the Counseling Center by <mark>Friday, April 12, 2024 at 3pm</mark>

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: _____