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

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 11, 2025 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: _____