

# Skala Family Scholarship Trust

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## ELIGIBILITY/CRITERIA

The Skala Family Scholarship Trust was established in memory of Mr. and Mrs. Edward Skala. The Skala's were actively involved with community service during the 30 years they lived in the Adrian area.

The recipient of the Skala Family Scholarship Trust must continue his/her education at a four-year college or university.

## APPLICATION PROCEDURES

- Submit Adrian High School Scholarship Application (including all attachments listed on the application)
- All Candidates are interviewed by the Skala Scholarship Committee



# 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: DO NOT STAPLE**

- 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" *unless* a different request is stated for a specific scholarship. **Review each scholarship for "specific requirements"**.

**Return Completed Application and Additional Material (if required)**

**to the Counseling Center by **Monday, April 13, 2020 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.