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## **SUPERINTENDENT'S SCHOLARSHIP – TWO \$500 SCHOLARSHIPS**

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### **ELIGIBILITY/CRITERIA:**

THIS SCHOLARSHIP WAS ESTABLISHED TO RECOGNIZE 2 MEMBERS OF THE ADRIAN HIGH SCHOOL GRADUATING CLASS THAT HAS EXHIBITED INVOLVEMENT AND SUCCESS IN THE ACADEMICS, ARTS, ATHLETICS, OR ACTIVITIES.

TO BE CONSIDERED FOR THIS SCHOLARSHIP, APPLICANTS MUST HAVE:

- ATTENDED ADRIAN HIGH SCHOOL FOR THEIR FRESHMAN, SOPHOMORE, JUNIOR, AND SENIOR YEAR.
- A MINIMUM 3.0 GRADE POINT AVERAGE
- APPLIED AND ACCEPTED TO A UNIVERSITY, COLLEGE, OR OTHER FORM OF POST-SECONDARY TRAINING.

### **APPLICATION PROCEDURES:**

- SUBMIT THE ADRIAN HIGH SCHOOL SCHOLARSHIP APPLICATION
- WRITE AN ESSAY OF NO MORE THAN 250 WORDS DESCRIBING, HOW YOUR EXPERIENCE AT ADRIAN HIGH SCHOOL HAS PREPARED YOU FOR UNIVERSITY, COLLEGE, OR OTHER FORM OF POST-SECONDARY TRAINING.

# Adrian High School Scholarship Application

Common application for ALL Adrian High School Scholarships

A separate packet is needed for each scholarship.

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, 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 **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: \_\_\_\_\_