



SUPERINTENDENT'S SCHOLARSHIP – Two \$500 SCHOLARSHIPS

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 11, 2025 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: _____