



## Scholarship Application

**PLEASE NOTE THAT THE DEADLINE FOR RECEIPT OF THE SCHOLARSHIP APPLICATION is  
March 21, 2017.**

NAME: \_\_\_\_\_  
Last First Middle

CURRENT ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
Last First Middle

MOTHER'S NAME: \_\_\_\_\_  
Last First Middle

SCHOOL: \_\_\_\_\_

NAME OF COLLEGE OR UNIVERSITY WHICH YOU PLAN ON ATTENDING: \_\_\_\_\_

Have you been accepted by the school or college? YES \_\_\_\_\_ NO \_\_\_\_\_

What program do you plan to pursue? \_\_\_\_\_

I hereby authorize release of information from my school records, including test scores, to the  
Scholarship Committee.

Student Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

If student is under 18

Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Rank in class \_\_\_\_ / \_\_\_\_

G.P.A. \_\_\_\_\_

High School Course of Study \_\_\_\_\_

School Acceptance Verified YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_\_

List those classes you have taken during your high school career that relate to the scholarship required field (i.e. business administration) and the grades that you received for those classes:

---

---

---

---

Write a short statement as to why you have applied for this scholarship and indicate how you have demonstrated good citizenship in your school and community.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

_____ Signature	_____ Date
--------------------	---------------



Below is a listing of the scholarships administered by the Community Foundation of Marquette County (CFMC) and eligibility criteria. Please check off any scholarships as long as you meet the qualifications. Complete the application, any additional required documents, and return to CFMC by the deadline as listed on p.1.

### **Marquette County Scholarships:**

☐ **Bernadette Reider Scholarship**

Graduating seniors of a high school in Marquette County who will be pursuing certification or a degree at an institution of higher education in the field of nursing.

☐ **Mark Ulrickson Memorial Scholarship**

Graduating seniors of one of the high schools in Marquette County who will be enrolled in a college or university for the continuation of the student's education. *Statement of adjusted family income* required.

### **Ishpeming/Westwood/Negaunee Scholarships:**

☐ **Stuart L. Sundblad Memorial Scholarship**

Graduating seniors of Ishpeming High School or Westwood High School who will be attending Northern Michigan University as a full time student and who has maintained a minimum grade point average of 2.5 . The recipient may not be receiving more than 50% of the tuition fees and costs from scholarships.

☐ **Walter J. Crimmins Scholarship**

Graduating seniors of Ishpeming High School or Westwood High School enrolled in a college or university for the continuation of the student's education.

☐ **Anna L. Tobin Scholarship**

Students of Ishpeming High School pursuing a career in the performing arts; theater or drama, music, dance and singing. If no candidates from IHS qualify, candidates from both Negaunee High School and Westwood High School may be considered. *Statement of adjusted family income* required.

## Statement of adjusted family income

(To be completed by student and parents as applicable.)

During the preceding 12 months, have you (A) resided with, (B) been claimed as a dependent for Federal Income Tax purposes by or been the recipient of an amount in excess of \$600.00 from one (or both) of your parents? YES \_\_\_\_\_ NO \_\_\_\_\_ ("X" one)

If the answer to the above question is "Yes" (in whole or part), your parent, or both of your parents, if they are living together, must complete and sign this statement of adjusted family income.

Adjusted gross income (from federal tax returns or estimates)

(Please provide a photocopy of your income tax statement for verification purposes.)

This information will remain confidential.

A. Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_ Joint \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

B. Student \$ \_\_\_\_\_

Total adjusted gross income (add lines A & B) \$ \_\_\_\_\_

Enter the total amount of personal exemptions claimed on tax return: \_\_\_\_\_

Signature of person completing financial statement:

\_\_\_\_\_

Father

Mother

Are any of the other family members presently attending college?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, Please name \_\_\_\_\_

Have you applied for other financial aid? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list \_\_\_\_\_

Will you be eligible for:

Social Security	YES	NO	Possibly	_____
Veterans Benefits	YES	NO	Possibly	_____
Vocational Rehabilitation	YES	NO	Possibly	_____
Other	YES	NO	Possibly	_____

List Other \_\_\_\_\_