

## MANISTIQUE AREA SCHOOLS FOUNDATION SCHOLARSHIP

1. The objectives of the Manistique Area Schools Foundation Scholarship are as follows:
  - a. To recognize and honor the Manistique High School graduates who merit award.
  - b. To encourage students to pursue post-secondary education.
  - c. To express support and confidence in our young people and their leadership ability.
2. Selection of recipients will be made by a selection committee. Selection will be based on the following criteria:
  - a. Academic achievement as measured by grade point average, **3.0 or higher**.
  - b. AMERICAN COLLEGE TEST – **A.C.T. score 18 or higher**.
  - c. Leadership as demonstrated by participation in school and community activities.
3. The MAS Foundation Board would like to remind the parents and students to pick up and complete the MAS Foundation Application **EARLY**. All information contained in the application is confidential.

### THE STUDENT IS REQUIRED TO DO THE FOLLOWING:

- a. Submission of a **completed** application form.
  - b. Submission of copies of high school transcript with A.C.T. scores.
  - c. Student must be available for an interview by the selection committee.
4. Awards will be based on the interest earned by the Manistique Foundation Scholarship Fund.
  5. Payments will be made to the scholarship recipient after December 15 from the Superintendent's Office. The student must submit the certificate awarded from the Manistique Foundation, proof of successful completion of their first semester of at least six (6) credit hours at a post-secondary institution, and proof of enrollment for the second semester before payment will be made.

Questions about the Manistique Area Schools Foundation should be directed to the high school principal or the guidance counselor at 341-4300. The Manistique Area School District does not discriminate on basis of race, color, national origin, sex, age, disability, height, weight, religion, or marital status in its programs, activities and employment. Inquiries related to discrimination should be directed to the Superintendent, 100 N. Cedar Street, Manistique,

MI 49854.

MANISTIQUE AREA SCHOOLS FOUNDATION SCHOLARSHIP APPLICATION

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_  
Street City Home Phone

3. Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
City State

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

4. Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
City State

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

5. Brothers \_\_\_\_\_ Sisters \_\_\_\_\_  
Number Ages Number Ages

List Family Members Who Are Currently In School: School Grade

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

**6. List School Activities While In School:**

Name of Activity	Years of Participation	Office/Awards
_____		
_____		
_____		
_____		
_____		

**7. Community Activities – Not related to school**

Name of Activity	Years of Participation	Office/Awards
_____		
_____		
_____		
_____		
_____		

**8. Academic Honors/Groups**

Name	Purpose	Date
_____		
_____		
_____		
_____		

**9. Student Employment Record:**

a. Employment experience during high school

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Average number of hours worked per week \_\_\_\_\_

10. **College/Trade School Information:**

a. College/University/Trade School

Name \_\_\_\_\_

\_\_\_\_\_

Address	City	State
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b. Program or course of study \_\_\_\_\_

c. Degree Expected \_\_\_\_\_

d. Year you plan to enter \_\_\_\_\_

e. Year you plan to complete \_\_\_\_\_

f. Career plans \_\_\_\_\_

\_\_\_\_\_

11. **High School Information:**

a. Course of study

\_\_\_\_\_

b. Grade Point Average \_\_\_\_\_

c. Rank in class \_\_\_\_\_

d. A.C.T. test scores: English \_\_\_\_\_

Math \_\_\_\_\_

Reading \_\_\_\_\_

Science \_\_\_\_\_

Composite \_\_\_\_\_

12. Please explain in **essay** form your post high school circumstances that the Foundation Committee should consider when deciding your scholarship application; i.e. other siblings in school or college, illness of primary wage earner, self-funded college expenses, single parent family, etc. You may attach your essay to this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give Manistique High School Permission to release a copy of my transcript and test scores to the Manistique Foundation Selection Committee.

\_\_\_\_\_  
Signature if 18 years old, or guardian if not

\_\_\_\_\_  
Date

I have read and approve this application. To the best of my knowledge, it is a true account of our financial status.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian (if applicable)

\_\_\_\_\_  
Date