



**LAPEER COUNTY COMMUNITY FOUNDATION
GENERAL SCHOLARSHIP APPLICATION**
Circle ONE: Broesamle Medical Hildebrant

Personal Information:

Last name: First name: Middle initial:
Street address: City:
Zip code: Township: County:
Home phone: Student cell phone:
Date of birth: Student ID number:
Last 4 digits of SSN: - Student email:
Parents/Guardian:
Annual household income:

Student Experiences and Activities: *(If space is inadequate, attach answers on an additional sheet of paper.)*

High school attended & date will graduate or graduated: Current GPA:

Colleges attended/degree earned, if any:

School activities & involvement/leadership positions:

Community & non-school activities:

Employment history:

Anticipated profession or area of vocational interest:

Colleges/universities applied to **and** accepted at in order of preference:

Anticipated cost for 1 year:

List other scholarships, grants or financial aid you have applied for and/or been awarded, to be used in fall 2012:

Name of award:	Amount of award:	Awarded?
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Student Essay Questions: (Please limit your answer to 200 words.)

What do you hope to achieve with your college education?

The undersigned hereby acknowledges the information provided on this application is true and correct to the best of his/her knowledge.

Student applicant: _____ Date: _____

- Attach a copy of:
- 1) your most recent transcript showing credits/degree earned;
 - 2) verification of current GPA and standardized test scores;
 - 3) IRS federal tax return verifying household income (Page 1 & 2 only); and
 - 4) current photo of yourself to be used for publicity purposes if an award is granted.
- By attaching your photo you agree to its use in media releases and LCCF publications.*

Mail application by **March 15th** to: General Scholarship Committee
Lapeer County Community Foundation
264 Cedar Street
Lapeer, MI 48446

Any questions may be directed to: Ashley White, Executive Director
Phone: 810-664-0691
Email: awhite@lapeercountycommunityfoundation.org