

Application Due:
February 1st, 2019

Milan High School Local Scholarship Application

Office Use Only:
GPA

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Name of college/university/training school I plan to attend: _____

I will attend: Full Time Part Time
I will live: On Campus At Home
Starting Date: _____

Anticipated field of study: _____

Why do you want to enter this field of study? _____

Please explain, in detail, your reasons for requesting a scholarship. _____

List below your memberships in school and community organizations and the years you participated in these organizations. Include any offices you have held, special projects you were involved with, awards/honors received, class activities, cadet teaching, and work experience.

| Activity/Honor/Award (Attach an additional sheet if necessary.) | Years |
|---|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I am applying for the following anticipated local scholarships: (✓ a box for each scholarship you are apply for)

| | |
|--|--|
| <input type="checkbox"/> American Legion Auxiliary Scholarship (Medical Field) Relationship to Veteran: | <input type="checkbox"/> Milan Kiwanis Scholarship |
| <input type="checkbox"/> Knights of Columbus Scholarship | <input type="checkbox"/> Milan Rotary Club Scholarship |

Please attach 2 Letters of Recommendation to this application.

Then make copies of all and make a packet for each scholarship you are applying for!

(Example: if you checked all 4 boxes make 4 packets)

Staple each packet and return to Mrs. Goffee in Guidance!

NOTE: incomplete applications will NOT be considered