

Application Due:
February 7th 2020

Milan High School Local Scholarship Application

Office Use Only:
GPA

Name Telephone Number Email Address

Address City State Zip

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

I plan to attend: Full Time Part Time I plan to 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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please check the box for each anticipated scholarship you are applying 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 your completed packet and make a packet of it 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