

Application Due:  
February 4th 2022

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

Please attach 2 Letters of Recommendation to this application.

**Then make copies** of your completed packet.

**One for each** scholarship you are applying for!

(Example: if you checked all 3 boxes make 3 packets)

**Due** in Guidance Friday, February 4<sup>th</sup>, 2022

**NOTE: incomplete applications will NOT be considered**