

Application Due:
February 1st, 2024

Milan High School

Office Use Only: GPA

Local Scholarship Application

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 (Attach additional sheet if necessary). _____

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"/> 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.

One for each scholarship you are applying for! (Example: if you checked all 3 boxes, make 3 packets)

Due in the MHS Counseling Office by **Thursday, February 1, 2024**

NOTE: incomplete applications will NOT be considered