

**DEADLINE:** MAY 2, 2018

RECEIVED: \_\_\_\_\_

(office staff complete)

# MOUNT CLEMENS HIGH SCHOOL

## APPLICATION FOR LOCAL SCHOLARSHIPS

*Note: Scholarship applications received after the deadline will not be considered.*

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip

**Phone Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

1. Name of parent(s)/guardian(s) with whom you are living:

\_\_\_\_\_

2. Occupation of parent(s)/guardian(s) with whom you are living:

\_\_\_\_\_

3. Where do you expect to attend college and when do you intend to start?

\_\_\_\_\_

4. What is the approximate cost to attend the college indicated in question #4?

\_\_\_\_\_

5. What is your intended major? \_\_\_\_\_ minor \_\_\_\_\_

6. List the school and community activities with which you have participated.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. List any special honors or awards you have received while attending MCHS. Also, list any leadership positions you have held at school or in community organizations.

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8. List all student employment you have held and length of employment:

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9. List all student aid received for college prior to June 1, 2018:

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10. If there are any unusual financial circumstances that may affect your student's ability to attend college, please explain here:

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- 11. All applicants must include three (3) letters of recommendation with this application.**

**Parent Certification**

All the information furnished in this application is true and complete to the best of my (our) knowledge. All information provided is confidential and will be reviewed only by the ***"Mount Clemens High School Scholarship Screening Selection Committee."***

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**Signature of Parent/Guardian**

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**Signature of Student**

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**Date**

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**Date**