



## NORTHERN MACOMB FOUNDATION SCHOLARSHIP APPLICATION

Welcome to the Northern Macomb Foundation's Scholarship Application. All information given will be strictly confidential. When answering the questions, please be complete, accurate and thorough.

- Completed Applications must be turned in to your High School Counseling Office **by 3:00 PM on Monday, March 15, 2021.**

### Section 1: To be completed by the HS student/applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you presently employed?  Yes  No

If yes, place of employment? \_\_\_\_\_ Hours per week? \_\_\_\_\_

Which college/university/trade school do you plan to attend? \_\_\_\_\_

Starting when? \_\_\_\_\_ Area of study? \_\_\_\_\_

Do you plan on working while in college?  Yes  No

Have you received any other scholarships?  Yes  No

If yes, please indicate the scholarship name and amount:

\_\_\_\_\_  
\_\_\_\_\_

Please list any extracurricular activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any honor/awards you have received during high school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any community service activities you have volunteered for:

\_\_\_\_\_  
\_\_\_\_\_



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### **Section 2: To be completed by a Parent / Guardian**

Family income information is considered as a factor in awarding the Northern Macomb Foundation scholarships. You will greatly assist the committee in making a decision if you provide the information requested below as accurately as possible. Some of the questions listed below are of a sensitive nature, all information will be kept confidential.

**Mother/Guardian Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**What is the family annual gross income (both parents/guardians)?** \_\_\_\_\_

**Has the applicant ever been a foster child?**  Yes  No

**Please list all dependents in household;**

Name	Age	School/College attending in fall?

**Please explain any family, personal, or financial circumstances which you think warrant considerations, i.e. financial hardship, disabilities, family responsibilities?**

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**How much do you expect to pay toward his/her educational expenses in the coming year?**

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**Please print and sign this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

- Attach copy of transcript**
- Attach any letter(s) of recommendation**
- Attach required essay**



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Required Essay (200 words or less)

- *Tell us how your career path will support or make an impact in the community where you choose to live.*