## **Manistique Area Schools Foundation Scholarship**

## **Guidelines:**

- 1. The objectives of the Manistique Area Schools Foundation Scholarship are as follows:
  - a. To recognize and honor the Manistique High School graduates who merit award.
  - b. To encourage students to pursue post-secondary education
  - c. To express support and confidence in our young people and their leadership ability.
- 2. Selection of recipients will be made by a selection committee. Selection will be based on the following criteria:
  - a. Academic achievement as measured by grade point average, 3.5 or higher.
  - b. College entrance exam score (ACT 20 or higher OR SAT -1020 or higher)
  - c. Leadership as demonstrated by participation in school and community activities.
- 3. Students should pick up and complete the MAS Foundation Application by the due date for local scholarships. All information contained on the application is confidential. Incomplete applications will not be considered for a scholarship. Submission should include:
  - a. Submission of a completed application form.
  - b. Submission of <u>current</u> high school transcript with test scores.
  - c. Attach a letter of recommendation from a teacher, employer, coach, or someone that knows you well (not a family member).
  - d. Student must be available for an interview by the selection committee.
- 4. Awards will be based on the interest earned by the Manistique Foundation Scholarship fund.
- 5. Payments will be made to the scholarship recipient after December 15 from the Superintendent's Office.
  - a. The student must provide proof of successful completion of their first semester of at least six (6) credit hours at a post-secondary institution
  - b. The student must provide proof of enrollment for the second semester before payment will be made.

Acknowledgment	Statement	:
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Acknowledgment Statement:	
To the best of my knowledge, the information provided within this application is	accurate and true.
(student signature)	(Date)

## **Part 1: Personal Information**

Applicant Name:				DOB:	
	Last	First	Middle		
Address:					
	Street		City	Zip Code	
Phone Number:_		Email:			
Father's Name:_					
Address:					
	Street		City	Zip Code	
Mother's Name:					
	Last	First	Middle		
Address:	Street		City	Zip Code	
Part 2: Academi	cs/School Informa	tion	City	Zip couc	
		e point average:	Ran	k in Class:	
			Highest ACT score (if applicable):		
			of Dual Enrollment Co	urses:	
# Absences this s	Absences this school year: If more than 10, please explain:				
Electives and/or	CTE Courses taker	n:			

## **Part 3: Extra-Curricular Activities**

List of School Activities While in School: Name of Activity	Years of Participation	Office/Awards	
Community Activities/Student Employment Name of Activity	Years of Participation	Office/Awards	
Academic Honors: Name	Purpose	Date	
Part 4: College/Trade School Information			
College you plan to attend:			
Address:			
Street	City	State	
Program or Course of Study:			
Degree Expected:			
Year you plan to enter:	Year of Completion:		
Career Plans:			