

SFC Mark Jackson Scholarship Fund

SCHOLARSHIP APPLICATION FORM

The deadline for completed scholarship application packet is APRIL 15, 2015

The SFC Mark Jackson Scholarship is available to any graduating student receiving a diploma or GED, or a currently enrolled college student, residing in Curtis Township (zip codes 48737 and 48761). To be considered, student must be accepted by a college, university, trade school, or private business institute. Note: *Scholarship monies will be mailed directly to the institution.*

Application packet must include:

- 1) Letter of application (should include your reasons for applying; tell us about yourself, career goals, hobbies/interests, and work experience);
- 2) This completed application;
- 3) Copy of high school transcript along with college transcripts, if applicable; and
- 4) Two letters of recommendation (at least one letter must be from someone not affiliated with your school and not a family member).

APPLICANT INFORMATION (Please type or neatly print all information in blue or black ink)

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

E-mail address: _____ Phone: _____

Social Security Number: _____ Date of Birth: _____

Name of High School: _____ County of High School: _____

High School Graduation Date: _____ High School G.P.A.: _____

FAMILY INFORMATION (Provide the following information where applicable).

Parent/guardian, or spouse: _____

Name

Relationship

Address if different from your own: _____

Phone Number

Additional parent/guardian information: _____

Name

Relationship

Address if different from your own: _____

Phone Number

EDUCATIONAL PLANS

Colleges/Universities/Trade Schools/Private Business Institutes to which you have applied:

1. _____ City _____ State _____
2. _____ City _____ State _____
3. _____ City _____ State _____

College/University/Trade School/Private Business Institute which you were accepted: _____

Program of Study: _____

If currently enrolled in College/University/Trade School/Private Business Institute, where you currently attend:

_____ Program of Study: _____

Non School-Based Activities & Volunteer Service:

Group or Activity	Dates of Participation	Leadership Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

I/We hereby affirm that the information on this form is true and complete to the best of my/our knowledge. In the event an award is provided, photographs of me or my son/daughter may be used in publicity, newsletters and other promotions.

Student Signature

Date

Parent/Guardian Signature
(If student is under 18)

Date

RETURN APPLICATION PACKET NO LATER THAN APRIL 15, 2015 TO:

SFC Mark Jackson Scholarship Fund

P.O. Box 93

Glennie, MI 48737-0093

Ph. (989) 305-5379

Please contact Mrs. Estep at the number above if you have any questions about the application.

Do not write below. This section is for Board Member review purposes only.

Packet must include:

- ___ Letter of application
- ___ Complete signed application
- ___ High school transcripts and/or college transcripts if applicable
- ___ Two letters of recommendation (At least one letter must be from someone not affiliated with school and not a family member).

Notes: _____
