

JEAN M. R. SMITH FOUNDATION

**P.O. Box 42
Bad Axe, MI 48413
989-860-8169**

2020 College Scholarship Application

Application Must Be Postmarked By March 1, 2020

Please type or print legibly in blue or black ink

For Foundation Use Only: Date Postmarked ____ / ____ / ____ Initials: _____

Student - Personal

Name _____ Age _____ Date of Birth ____ / ____ / ____

Address _____

City or Village _____ Zip _____ High School _____

Cell Phone No. (____) _____ Home Phone No. (____) _____

County _____ (Student **must be** a current Huron County Resident)

Email Address _____

College/University/Community College you plan to attend _____ Part Time ____ Full Time ____
(please check one of the above)

When will you begin? _____ Intended Major and/or Career Choice _____

If Community College student, do you plan to transfer to a Bachelor degree-granting institution? Yes ____ No ____

Name of college/university you plan to attend after Community College _____

For School Use Only:
G.P.A. _____ Class Rank _____ ACT or SAT _____
I have verified the preceding information and approve this application:
Signature: _____ Title: _____
Guidance Counselor or Principal

Other College Financial Assistance

Did you file a FAFSA form to apply for financial aid? _____ (Requirement for consideration for scholarship)

If yes, list the EFC amount appearing on page one (top right) of your Student Aid Report (SAR) \$ _____

*****Include a copy of page 1 of your SAR with your application*****

List all financial assistance from colleges and other sources of which you are currently aware.

Grants(s) \$ _____ Scholarship(s) \$ _____ Loan(s) \$ _____ Other \$ _____
 None known None known None known None known

Parent/Guardian

Name _____ Name _____

Occupation _____ Occupation _____

Place of Employment _____ Place of Employment _____

Other Children in Family

Name _____ Age _____ Year Attending College _____

Name _____ Age _____ Year Attending College _____

Name _____ Age _____ Year Attending College _____

Name _____ Age _____ Year Attending College _____

Extra-Curricular/Community Service/Work History

Attach **one** page (8 ½ X 11", Times New Roman or Arial type, 10 pt or 11 pt) listing the following:

- High school extra-curricular activities and years of participation
- Community service activities
- Work history

Letters of Recommendation

Attach a total of **two** signed letters of recommendation from **non-family** members:

1. **One** from a community service activity director, employer, pastor, or family friend.
(Recommender cannot be affiliated with any Huron County school.)

AND

2. **One** from a teacher, principal, guidance counselor, or superintendent of the high school which you are attending and/or graduating.

Verification and Signatures

I verify that all the information contained herein is accurate as of this date:

Student Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

Check your application for completeness. Incomplete applications will not be accepted.