



Service Above Self

MUSKEGON ROTARY CLUB
PO Box 0066
MUSKEGON, MI 49443

ALLEN G. UMBREIT MEMORIAL/WILLIAM L. AUSTIN SCHOLARSHIP APPLICATION

For Students Attending
BAKER COLLEGE OF MUSKEGON OR MUSKEGON COMMUNITY COLLEGE

Please type or neatly print

Name: _____ Date: _____

Address: _____ Phone: _____
(Number and Street) (City) (Zip Code)

Birthdate: _____ Place of Birth: _____

Parent or Guardian: _____ Occupation: _____

Address: _____ Parent's Phone: _____

Acceptance of Scholarship: If you are selected for this \$1,000 scholarship, do you agree to attend the designated Rotary meeting on **Thursday, June 8, 2017** to accept this award and declare your college choice? _____

EDUCATION

High School

Years Attended

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ Public school district if attending Calvary Christian, Muskegon Catholic Central High School, Western Michigan Christian High School, Muskegon Heights Public School Academy or Muskegon Covenant Academy.

OCCUPATIONAL GOAL

EXTRA-CURRICULAR ACTIVITIES – SERVICE “ABOVE SELF” INVOLVEMENT

WORK EXPERIENCE

REFERENCES (Other than relatives)

Name

Complete Address and Zip

Occupation

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***** Please type or attach an additional typed page *****

APPLICANT'S STATEMENT: Please provide information about yourself to support your application. Please describe in detail any financial need or other special circumstances you may have.

For consideration, this completed application must be returned to your counselor.

COUNSELOR RETURN TO: Sandy Beck
Muskegon Area Intermediate School District
684 Harvey St., STE 202
Muskegon, MI 49442

DEADLINE: Wednesday, March 15, 2017 at 4:00 p.m.

INCLUDE:

- Application
- Applicant's Statement
- Transcript of high school record to date (with ACT or SAT scores if available)
- GPA to date
- Recommendation from Principal or Counselor

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PRINCIPAL OR COUNSELOR RECOMMENDATION

GPA: _____ Class Rank: _____

(Please type or attach additional typed page)

Weighted: Yes No

Student's Name: _____

Principal/Counselor Signature: _____ Title: _____

Date Signed: _____