Dear Guidance Counselor:

The Lions of Upper Michigan would like to offer the opportunity to help students that may not otherwise be able to qualify for a scholarship or other aide to help further their education.

Enclosed please find a Scholarship Application form along with the rules for qualifying for that Scholarship. Please review these two forms and present this opportunity to all of your students that might be eligible according to the listed criteria. (Students graduating in this year are eligible and previous graduates will also be considered.)

We would appreciate your help in distributing these Applications and assisting the applicants with completion of the Application and accompanying information and the return of all information requested by APRIL 1.

Thank you for all your help. If you have any questions or concerns please don’t hesitate to contact me at 906-399-9458.

Sincerely,

Lions of Single District 10
Scholarship Committee

Lion Judy Racette, Chairperson

APPLICATION AND ACCOMPANYING INFORMATION SHOULD BE SENT TO:
Single District 10 Lions
Scholarship Committee
c/o Lion Judy Racette
5444 I Road
Escanaba, MI 49829
1. A student who will graduate in this calendar year or who has graduated from an Upper Peninsula High School and has a learning and/or a physical disability (per school or doctor records) may apply.

2. Schools (vocational, trade, college or university) in the State of Michigan are qualified. If the school is not located in the State of Michigan, the application must be approved by a two-thirds (2/3) vote of the Scholarship Committee.

3. A student is eligible to apply after the completion of a high school education with a grade of C or an equivalent Grade Point Average (GPA).

4. An application by a student who is over twenty-five (25) years old and/or a graduate student must be approved by a two-thirds (2/3) vote of the Scholarship Committee.

5. A student must apply each year by completing an application and is limited to one (1) scholarship per academic year.

6. Students who have received a scholarship in the past can apply again but must list disabilities and give a history of what has been accomplished in the past year.

7. Special scholarships can be given out as deemed necessary by a two-thirds (2/3) vote of the Scholarship Committee at any time during the academic year.

8. Applications will be sent out to high schools in the month of January of each year to be used for that year's scholarships.

9. Scholarship amounts and numbers will be determined by the amount of money available on April 1st of each year.

10. Scholarship recipients will be selected by April 15th of each year.

11. Selected students will receive the scholarship money after submitting proof of enrollment and proof of at least a partial payment to their selected learning institution and/or upon the discretion of the Scholarship Committee.

12. Scholarship checks will be issued to the student and the learning institution they are enrolled with.
LIONS SINGLE DISTRICT 10
SCHOLARSHIP APPLICATION

DATE: ________________________ HAVE YOU RECEIVED THIS SCHOLARSHIP BEFORE? ____________

APPLICANT NAME: ____________________________________________________________

ADDRESS: _________________________________________________________________

CITY, STATE, ZIP CODE: ______________________ PHONE: _______________________

PARENT / GUARDIAN: _________________________________________________________

ADDRESS OF PARENT / GUARDIAN: ____________________________________________

CITY, STATE, ZIP CODE: ______________________ PHONE: _______________________

HIGH SCHOOL: __________________________________________________________________

ADDRESS OF HIGH SCHOOL: ___________________________________________________

GUIDANCE COUNSELOR: _______________________________________________________

GUIDANCE COUNSELOR PHONE: ______________________ EMAIL: ___________________

VOCATIONAL / TRADE / COLLEGE / UNIVERSITY: __________________________________

ADDRESS: ___________________________________________________________________

CITY, STATE, ZIP CODE: ______________________ PHONE: _______________________

STARTING DATE: ______________________ ESTIMATED COMPLETION DATE: ___________

PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION –
A LETTER FROM YOUR HIGH SCHOOL STATING THAT YOU WILL OR HAVE GRADUATED FROM THAT SCHOOL.
A COPY OF THE LAST GRADES FROM YOUR HIGH SCHOOL.
A LETTER FROM YOU STATING YOUR MAJOR COURSE OF STUDY, THE REASON THAT YOU FEEL YOU
QUALIFY FOR THIS SCHOLARSHIP (BE SURE TO INCLUDE YOUR DISABILITY) AND ANY COMMUNITY
INVolVEMENT/VOLUNTEER EXPERIENCE.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND ALL ABOVE ITEMS ATTACHED OR THE APPLICANT
MAY BE DISQUALIFIED.

PLEASE NOTE: APPLICATION AND ACCOMPANYING INFORMATION MUST BE POSTMARKED BY APRIL 1.

SEND COMPLETED APPLICATIONS TO:
LIONS SINGLE DISTRICT 10 SCHOLARSHIP COMMITTEE
LION JUDITH A RACETTE CHAIRPERSON
5444 I ROAD
ESCANABA, MI 49829