

Mayflower Descendants in Michigan Scholarship Application

Applicant's Name _____

[first] [middle] [last]

Address _____

[number and street]

[city] [state] [zip code]

Phone [____]-____-____ Date of Birth ____/____/____ MM DD YYYY

Email address _____

To qualify for this Scholarship, you must be either a General member or a Junior member of the Society of Mayflower Descendants in Michigan.

SMDM # _____ Junior Member # _____

High School Name _____

Address _____

Phone [____]-____-____

Name of Guidance Counselor _____

Expected Date of Graduation ____/____/____ Current GPA _____
MM DD YYYY

College or University, Accredited Certification Program You Plan to Attend

Name _____

Address _____

Have You Been Accepted Yet? [If "Yes" include copy of Letter of Acceptance]

Yes _____ No _____

If "No," kindly explain _____

We will need to have a copy of letter of acceptance before scholarship can be released.

High School Awards and Honors

High School Activities, exclusive of Community Service

Community Service, exclusive of High School Activities

Course of Study [briefly describe your academic plans for the next two/four years]

Paragraph explaining how being awarded a scholarship will help you attain your career goals
