

Processing Deadline

April 30, 2020

# Scholarship

#38

Posted 3/13/20

## Imlay City Family Practice Scholarship

Offered by: The Imlay City Family Practice

❖ G.P.A. – N/A

❖ SAT/ACT

❖ ESSAY: Yes

1. Looking for student that has overcome adversity.
2. Proof of college acceptance
3. Essay – 250 – 500 words – See App.

Amount: T.B.D.



- Complete the required forms and return them to the Counseling Center
- If you have any questions or concerns please see your counselor.
- Check application for a more detailed description of the requirements.

• Your transcript will be attached to your application after you return this form to the Counseling Center

# IMLAY CITY FAMILY PRACTICE SCHOLARSHIP

Offered by: Imlay City Family Practice

## SCHOLARSHIP APPLICATION

The Imlay City Family Practice office in our community are pleased to be able to offer a scholarship to graduating Imlay City High School student who has overcome adversity. In order to be eligible the applicant must submit the following:

- A completed application
- Proof of college acceptance.
- Essay: Describe a time when you were faced with adversity and how did you overcome it. 250 - 500 words

To be completed by applicant:

Name: \_\_\_\_\_ G.P.A. \_\_\_\_\_  
Last Name, First Name

Address: \_\_\_\_\_  
Number & Street City Zip

Phone Number: \_\_\_\_\_

Is this a home phone number or a cell phone number \_\_\_\_\_

## IMLAY CITY FAMILY PRACTICE SCHOLARSHIP

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Number/Age of Siblings \_\_\_\_\_ Number of Siblings in College \_\_\_\_\_

1. What school will you attend? Describe your educational and career plans. \_\_\_\_\_

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2. Explain how you plan to finance your education (amounts, if possible). \_\_\_\_\_

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3. Are there any special financial circumstances that you want to share? \_\_\_\_\_

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4. Describe all church and community activities, offices held, awards received, family military history, etc. (If possible, please attach a resume describing this information.) \_\_\_\_\_

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5. List all the completed seasons for each sport that you participated in during high school and include any awards or recognition for each one.

2016/17	2017/18	2018/19	2019/20
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List all other extra-curricular activities.

2016/17	2017/18	2018/19	2019/20
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_