

## STUDENT APPLICATION FOR EMARSP SCHOLARSHIP

**Name** \_\_\_\_\_

**Address** (number/street) \_\_\_\_\_ (City/Twp) \_\_\_\_\_ (zip) \_\_\_\_\_

**Phone/cell** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**High School** \_\_\_\_\_

**Date of Graduation** \_\_\_\_\_ **Grade Point Average** \_\_\_\_\_

Please submit the following to the EMARSP Scholarship Committee: (all information is kept confidential)

1. Three (3) character references
2. High school transcript and any college courses completed
3. A biographical statement of no more than 300 words, including :
  - a. Educational background
  - b. Financial need
  - c. Your educational and career goals
  - d. Extracurricular activities in school and in the community
  - e. Other pertinent information about yourself

**Are you currently employed? Where?** \_\_\_\_\_

**How many days/hours per week/wage** \_\_\_\_\_

**Name and address of current employer** \_\_\_\_\_

**Position held** \_\_\_\_\_

**Parents/guardians** \_\_\_\_\_

**Occupation:** (father) \_\_\_\_\_ (mother) \_\_\_\_\_ (guardian) \_\_\_\_\_

**Parent's/guardians combined income:** \_\_\_\_\_

**Number of siblings** (Older) \_\_\_\_\_ (Younger) \_\_\_\_\_ **Any who have attended or are currently attending college/university** \_\_\_\_\_

**Have you been awarded any other scholarships?** \_\_\_\_\_

**From whom?** \_\_\_\_\_

**State, briefly, your educational plans:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit this application form and 300 word or less biographical statement to:**

EMARSP Scholarship Committee

% Carole Bannister

18877 Highlite Dr. S.

Clinton Township, MI 48035

**All forms must be received no later than March 31, 2024.**

**EAST MACOMB CHAPTER OF**  
**MICHIGAN ASSOCIATION OF RETIRED SCHOOL PERSONNEL**

**Recommendation form**

**To:** (person making recommendation/title) \_\_\_\_\_

I, (student's name) \_\_\_\_\_, have applied for a scholarship from the East Macomb Association of Retired School Personnel for the fall term at \_\_\_\_\_ (Michigan college, university or trade school).

Please complete this form on my behalf and send it to:

EMARSP Scholarship Committee

c/o Carole Bannister

18877 Highlite Dr., S.

Clinton Township, MI 48035

Some of the criteria that will be considered in granting me this scholarship will be financial need, scholastic performance, and extracurricular activities. Please use a separate sheet of paper or the back of this form for your comments.

Thank you, (your name)

\_\_\_\_\_

Name and address of person making this recommendation (please print)

\_\_\_\_\_

\_\_\_\_\_

Phone/cell \_\_\_\_\_

Email \_\_\_\_\_

**This form and recommendation letter must be received at the above address no later than March 31, 2024.**