

ATTENTION COLLEGE BOUND SENIORS

**\$10,000.00 SCHOLARSHIP OPPORTUNITY
(\$2,500 PER YEAR, FOR A MAXIMUM OF 4 YEARS)**

GERALD C. FRIEND MEMORIAL TRUST SCHOLARSHIP

INSTRUCTIONS:

This application must be completed in its entirety. Incomplete applications will not be considered. If you require additional space to respond to a section, please respond on a separate sheet and attach it to the application.

The deadline for filing this application is March 31 of your senior year. Applications postmarked after March 31st will not be considered. All applications received by the scholarship committee become the property of the Gerald C. Friend Memorial Trust Fund.

INCLUDE IN YOUR APPLICATION THE FOLLOWING:

- Copy of your high school transcripts
- Copy of your ACT or SAT scores (if shown on transcript that is acceptable)
- Personal Data Sheet (two pages)
- Letter of Recommendation Form and Recommendation Letter

MAIL OR EMAIL THE APPLICATION TO:

Gerald C. Friend Memorial Scholarship Committee
8459 Hall Road
Utica MI, 48317

Or electronically to:
gfriendship@mail.com

FOR ADDITIONAL INFORMATION CONTACT:

Mr. David Rilley
(586) 228.3305

MOTHER'S OCCUPATION _____

GERALD C. FRIEND MEMORIAL TRUST SCHOLARSHIP

PERSONAL DATA (cont.)

COLLEGE/UNIVERSITY YOU PLAN TO ATTEND _____

HAVE YOU BEEN ACCEPTED? YES _____ NO _____

IF YOU HAVE NOT BEEN ACCEPTED, WHEN DO YOU EXPECT TO KNOW?

HOW MANY OTHER MEMBERS OF YOUR IMMEDIATE FAMILY WILL BE ATTENDING POST HIGH SCHOOL INSTITUTIONS DURING THE NEXT FOUR YEARS?

EXPLAIN YOUR INTEREST IN THE GERALD C. FRIEND MEMORIAL SCHOLARSHIP:

WHAT ARE YOUR GOALS AND/OR OBJECTIVES FOR COLLEGE?

PLEASE DESCRIBE YOUR LEADERSHIP AND ORGANIZATION EXPERIENCE IN YOUR SCHOOL AND COMMUNITY.

GERALD C. FRIEND MEMORIAL TRUST SCHOLARSHIP

LETTER OF RECOMMENDATION FORM:

SCHOLARSHIP APPLICANT'S NAME _____

INFORMATION BELOW IS TO BE FILLED OUT BY INDIVIDUAL PROVIDING THE RECOMMENDATION.

PERSON PROVIDING THE LETTER OF RECOMMENDATION:

NAME: _____

POSITION/TITLE _____

ADDRESS: _____

PHONE: _____

HOW LONG HAVE YOU KNOWN THE
APPLICANT? _____

ARE THERE ANY EXTENUATING CIRCUMSTANCES THAT YOU FEEL WOULD
MAKE THE APPLICANT ESPECIALLY IN NEED OF RECEIVING THIS
ASSISTANCE? IF SO, PLEASE DESCRIBE BELOW:

PLEASE ATTACH THE LETTER OF RECOMMENDATION TO THIS PAGE