



SAMPLE: Scholarship Application (FOR PLANNING ONLY)

All applications must be submitted online and include a Scholarship Recommendation Form and Transcript

Student Information

First Name:

Middle Initial:

Last Name:

Address:

Apt #:

City:

State:

Zip:

County:

Email Address:

Phone Number:

Salutation:

Date of Birth:

Do you identify as a first generation college student?



Race/Ethnicity:

Names of parent(s) or guardian(s):

First generation is defined as neither parent having graduated from a 4 year college.

High School Information

Name of High School Attending/Graduate of:

Year of/Expected Year of High School Graduation:

Have you obtained your GED (General Educational Development)?

If yes, in what year?

Most recent high school cumulative Grade Point Average (GPA) on 4-point scale as reported on transcript:

Test Scores

Highest composite ACT score:

Highest composite SAT score:

ANSWER OPTIONS FOR STATUS OF APPLICATION
-Accepted & planning to attend
-Accepted & undecided about attending
-Accepted and not planning to attend
-Applied but have not heard back from the school
-Waitlisted

College Information

**IF YOU ARE APPLYING TO COLLEGE (Please provide information on the top three schools you are applying).
SKIP IF YOU ARE ALREADY IN COLLEGE.**

Name of College	Status of Application	Cost to Attend (Please include tuition, room/ board, books, personal expenses and transportation)

**IF YOU ARE CURRENTLY ENROLLED IN COLLEGE: (Provide information on the current school you are attending).
SKIP IF YOU ARE A GRADUATING SENIOR.**

Name of Current College Attending:

Will you be enrolled for classes in the fall?

Year of school in the fall:

Date of anticipated graduation/completion of degree program:

Current Major:

Most recent college cumulative Grade Point Average (GPA) on a 4-point scale as reported on transcript:

In the fall my enrollment status will be:

Intended major:

Financial Information

Are you financially independent from your parents/guardians?

What was your household income for the 2017 calendar year?

How many members (including yourself) are there in your household?

Have you completed the Free Application for Federal Student Aid (FAFSA)?

If yes, what is the Expected Family Contribution (EFC)?

An independent student is one of the following: at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, or someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless.

Activities & Community Involvement

Please indicate the school based activities in which you have participated. Include such activities as clubs, debate, athletic activities, fine arts, music, etc.

Activity Name	# of Months per Year	Hours per Week (Average)	# of Years Involved	Awards/Honors/Offices Held

Please indicate the community/volunteer activities in which you have participated. Include such activities as those that are faith-based, non-profit, commitments to family, etc.

Activity Name	# of Months per Year	Hours per Week (Average)	# of Years Involved	Awards/Honors/Offices Held

Employment History & Academic Achievement

Please enter your employment history below, chronologically starting with your most recent.

Employer	Job Title	Start Date (Month/Year)	End Date (Month/Year)	Hrs per Week

Please enter any academic honors/awards/other achievements chronologically starting with your most recent.

Name of Honor/Award	Year Awarded	Reason for Award

Final Thoughts

To avoid potential loss of essays, log out of the application and complete the essay questions below in a Word document. When complete, cutting and pasting the text into the space works best. However, please be mindful of the 4,000 character word limit and any formatting that may be changed.

Please provide an essay that describes your personal and educational goals and dreams for the future OR use an essay you have already prepared from the Common Application essay prompts.

Please share any financial, family, and/or personal circumstances that were not addressed in the application that you think would be helpful for the Scholarship Committee to consider in reviewing your application.

I hereby affirm:

- The information provided on this application is accurate to the best of my knowledge.

I understand that:

- Applications which do NOT use AAACF's Scholarship Recommendation Form will be marked as ineligible.
- Only WORD documents and PDFs will be accepted as uploads. Google documents, jpegs, pngs, and photos of documents are not accepted and will result in my application being marked as ineligible.

Type in your name (First Name & Last Name):

Date:

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