SAM DUNCAN SCHOLARSHIP APPLICATION
INSTRUCTIONS

The Sam Duncan Memorial Scholarship Fund awards annual scholarships to persons with physical disabilities for the purpose of education or training.

Basic standards and guidelines:

1. Recipients must have been a resident of Genesee, Lapeer or Shiawassee County for a period of not less than ninety (90) days prior to submitting application.
2. The recipient must be attending or have been accepted for attendance at a higher educational institution or training program.
3. This Scholarship was founded to honor Sam Duncan, a man who, having suffered a debilitating injury during WWII, gave greatly to the disabled community. Our purpose is to see that people with disabilities have available to them, every educational opportunity.
4. The recipient must be approved by the Committee appointed by the Board of this fund, as meeting personal character standards consistent with The Sam Duncan Memorial Scholarship Committee, and is not barred by reason of race, sex, religion or age.

PLEASE ATTACH THE FOLLOWING TO COMPLETED APPLICATION:

A. Two (2) character reference letters.
B. Transcript of all courses completed.
C. A biographical statement, including educational background, financial need, and any other pertinent information about yourself. All information will be kept confidential.
D. A copy of an acceptance letter, if available.

All applications must be received by Monday, April 6, 2015. Scholarship interviews will be held on Monday, April 27, 2015. Applicants will be notified as to the time and place of the interview. Scholarship recipients are expected to attend our annual Scholarship Dinner on Friday, June 12, 2015 at 6:00 PM at UAW Local 659, G-4549 Van Slyke Road, Flint, MI 48507.

APPLICATION MUST BE COMPLETED IN FULL
WITH ALL DOCUMENTATION TO BE CONSIDERED

TO SUBMIT APPLICATION, MAIL TO:
Lorraine Stone, Chairperson
501 S. Oak Street
Durand, MI 48429
(810) 624-526 (cell)
(989)288-3009 (home)

These instructions and application may be copied to facilitate additional applicants;

OVER
SAM DUNCAN SCHOLARSHIP APPLICATION
INSTRUCTIONS

REQUIRED DATES:

Monday, April 6, 2015 Deadline for return of application to Lorraine Stone.
Monday, April 27, 2015 Interview of applicants.
Friday, May 8, 2015 Notification letters sent to applicants.
Friday, June 12, 2015 Awards Dinner at UAW Local 659.

Any change in place of enrollment must be reported to Lorraine Stone immediately.

Remove this page and keep for information about dates and contact information. Do not include it with application.
NAME: ______________________________________ PHONE: ( ) __________

ADDRESS: ________________________________________________________________

street  city  state  zip code

DATE OF BIRTH: _____ / _____ / ______ MARITAL STATUS: ______ DEPENDENTS: ______

mm  dd  yyyy

ACADEMIC

HIGH SCHOOL: ___________________________________ GRADUATION DATE: ______

GED: __________________________________________

CURRENT SCHOOL: ________________________________________________

NAME OF COLLEGE, UNIVERSITY, TRADE SCHOOL ATTENDING OR ACCEPTED TO:

______________________________________________________________

CURRICULUM: ______________________________________________________

______________________________________________________________

PROGRAM: ___________________________________________________________

DATES ATTENDED, OR ATTENDING: _________________________________

______________________________________________________________

CAREER GOAL: ______________________________________________________

______________________________________________________________

______________________________________________________________
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PROVIDE OFFICIAL TRANSCRIPT OF ALL GRADES, ALL POST SECONDARY SCHOOLS.

LIST COMMUNITY ACTIVITIES (PAID OR UNPAID):

____________________________________

____________________________________

____________________________________

____________________________________

CURRENT EMPLOYMENT OF APPLICANT:

ADDRESS OF EMPLOYMENT

WAGES EARNED:

____________________________________

HOUSEHOLD INCOME:

( ) $10,000--$25,000  ( ) $25,000--$40,000  ( ) $40,000--$70,000  ( ) $70,000 +

ACADEMIC EXPENSE  i.e. COUNSELING, REHAB OR VOCATIONAL SERVICES:

____________________________________

____________________________________

DO YOU RECEIVE ANY OTHER FINANCIAL AID OR SCHOLARSHIPS? ____________

IF SO, FROM WHERE? ________________________________________________

HOW MUCH? _________________________________________________________

SSI: ______ AMOUNT: $ __________________

IS THERE ANY OTHER PERTINENT INFORMATION TO AID US IN OUR DECISION?

____________________________________

____________________________________

2
LIST REFERENCES WE MAY CALL:

SCHOOL: __________________________________________________________________________

___________________________________________________________________________________

ORGANIZATION: _____________________________________________________________________

___________________________________________________________________________________

PERSONAL: __________________________________________________________________________

___________________________________________________________________________________

APPLICANTS PHYSICAL DISABILITY WOULD BE DESCRIBED AS: _______________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

IF AWARDED THIS SCHOLARSHIP, THE SCHOLARSHIP FUND BOARD HAS MY PERMISSION TO FEATURE MY QUALIFICATIONS FOR THIS AWARD WITH THE FOLLOWING CONDITIONS: ________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________