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 physical 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 7, 2014. Scholarship interviews will be held on Monday April 28, 2014. 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 13, 2014 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:
Donald L. Gaby
7101 Blankenship Circle
Davison MI 48423-2341
(810) 691 6343

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

(over)
REQUIRED DATES:

Monday April 7, 2014 Deadline for return of application to Donald L. Gaby.
Monday April 28, 2014 Interview of applicants.
Friday May 9, 2014 Notification letters sent to applicants.
Friday June 13, 2014 Awards Dinner at UAW Local 659

Any change in place of enrollment must be reported to Donald L. Gaby immediately. 810-691-6343

Remove this page and keep for information about dates and contact information.
Do not include it with application.
PLEASE PRINT OR TYPE

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 GRDES, 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?

______________________________

______________________________
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:

________________________________________________________________

________________________________________________________________