



## *Michigan Gem and Mineral Society Scholarship Program*

www.mgmsrockclub.com

### **Education Scholarship Application**

APPLICANT'S NAME					DATE	
ADDRESS			CITY		STATE	ZIP CODE
PHONE NUMBER		High School Name / County				
EMAIL ADDRESS						
PARENT (S) or GUARDIAN (S)			PARENT (S) or GUARDIAN (S)			
ADDRESS			ADDRESS			
CITY		STATE	ZIP CODE		CITY	
STATE		ZIP CODE		CITY		
DATE OF GRADUATION		GPA (4.0 scale)		NAME OF COLLEGE OR TECHNICAL SCHOOL YOU PLAN TO ATTEND		
CURRICULUM YOU PLAN TO PURSUE			BEGINNING DATE OF SEMESTER			
HOW DID YOU CHOOSE THIS CURRICULUM?						
LIST ANY ACADEMIC, ARTISTIC, SOCIAL, OR ATHLETIC HONORS RECEIVED						
LIST IN <b>DETAIL</b> COMMUNITY INVOLVEMENT/SERVICE ACTIVITIES (Including school sponsored activity. Use additional paper if necessary)						

LIST ANY COMMUNITY RELATED AWARDS OR HONORS	
LIST ANY SCHOOL SPONSORED EXTRACURRICULAR ACTIVITIES PURSUED DURING HIGH SCHOOL	
LIST ANY JOBS HELD DURING HIGH SCHOOL/COLLEGE. INCLUDE THE EMPLOYER AND YOUR POSITION AND/OR DUTIES	
BRIEF STATEMENT OF FINANCIAL NEED	
IS THERE ANY OTHER INFORMATION ABOUT YOURSELF THAT YOU THINK WILL BE HELPFUL TO THE SELECTION COMMITTEE? (Use additional paper if necessary)	
<b>COUNSELOR'S / PRINCIPAL'S CERTIFICATION:</b>	
TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HEREBY VERIFY THAT THE ACADEMIC INFORMATION AND SUMMARY OF SCHOOL ACTIVITIES AS SUBMITTED IN THIS APPLICATION ARE CORRECT AND THAT THE APPLICANT MEETS THE ELIGIBILITY REQUIREMENTS OUTLINED.	
PRINCIPAL/ COUNSELOR'S SIGNATURE (Required)	DATE
PRINCIPAL/ COUNSELOR'S PRINTED NAME	
STUDENT'S SIGNATURE	DATE