

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

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 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? _____

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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: _____

