

Application Due:  
February 6th, 2025

# Milan High School

Office Use Only: GPA

## Local Scholarship Application

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of college/university/training school I plan to attend: \_\_\_\_\_

I plan to attend:

☐ Full Time ☐ Part Time

I plan to live:

☐ On Campus ☐ At Home

Starting Date:

Anticipated field of study: \_\_\_\_\_

Why do you want to enter this field of study? \_\_\_\_\_

Please explain, in detail, your reasons for requesting a scholarship (Attach additional sheet if necessary). \_\_\_\_\_

List below your memberships in school and community organizations and the years you participated in these organizations. Include any offices you have held, special projects you were involved with, awards/honors received, class activities, cadet teaching, and work experience.

Activity/Honor/Award (Attach an additional sheet if necessary.)

Years

Please check ☒ the box ☐ for each anticipated scholarship you are applying for:

<input type="checkbox"/> <b>Knights of Columbus Scholarship</b>	<input type="checkbox"/> <b>Milan Rotary Club Scholarship</b>
<input type="checkbox"/> <b>Class of 2024 Scholarship</b>	<input type="checkbox"/> <b>American Legion Post 268 Scholarship</b>
	<b>Relationship to Veteran:</b> _____

Please attach 2 Letters of Recommendation to this application.

**Then make copies** of your completed packet.

**One for each** scholarship you are applying for!

(Example: if you checked all 4 boxes, make 4 packets)

**Due** in the MHS Counseling Office by **Thursday, February 6, 2025**

**NOTE: Incomplete applications will NOT be considered**