## **Explanation of EMARSP Student Scholarship**

#### What about the scholarship?

Four \$750.00 scholarships, payable to a Michigan college or university, will be awarded to four deserving students who attend a public high school in Macomb County and who intend to enroll at a Michigan college or university in the fall.

### Who can apply?

Any student attending a Macomb County public high school.

#### Selection criteria: (listed in order of priority)

- 1. Financial Need
- 2. Scholastic performance
- 3. Extracurricular activities in school and the community
- 4. Written recommendations from at least 3 persons two from teachers and one personal.

### Procedure for applying:

<u>Completed application forms and recommendations must be received by March 30, 2017, at the following address:</u>

#### **EMARSP Scholarship Committee**

c/o Carole Bannister

18877 Highlite Dr. S.

#### Clinton Township, MI 48035

All applications <u>received</u> by the **March 30, 2018 deadline** will be evaluated and the scholarships will be awarded to the candidates who have completed and have most closely met the selection criteria. The decision of the East Macomb Chapter of the Michigan Association of Retired School Personnel Executive Board shall be considered final.

## STUDENT APPLICATION FOR EMARSP SCHOLARSHIP

Name

Address (number/street)	(City/Twp)	(zip)	
Phone/cell			
Email			
Date of Birth			
High School			
Date of Graduation	Grade Point Average	9	
Please submit the following to the EMARSP confidential)	Scholarship Committee: (all information	tion is kept	
Three character references			
2. High school transcript and any college courses completed			
3. A biographical statement of no n	nore than 300 words, including:		
a. Educational background			
b. Financial need			
c. Your educational and car	eer goals		
d. Extracurricular activities i	in school and in the community		
e. Other pertinent informat	ion about yourself		
Are you currently employed? When	re?		
How many days/hours per week/wage			
Name and address of current employer			
Position held			
Parents/guardians			
Occupation: (father)	(mother)		
Combined income:			

Number of siblings (Older)	(Younger)	Any who have attended	or are currently
attending college/university			
Have you been awarded any o	ther scholarships?	· · · · ·	
From whom?		And the state of t	
State, briefly, your educational	plans:		
Please submit this application form	n and 300 word or less bio	graphical statement to:	

**EMARSP Scholarship Committee** 

% Carole Bannister

18877 Highlite Dr. S.

Clinton Township, MI 48035

All forms must be received no later than March 30, 2018.

## **EAST MACOMB CHAPTER OF**

# MICHIGAN ASSOCIATION OF RETIRED SCHOOL PERSONNEL

# **Recommendation form**

To: (person making recommendation/title)	
I,(student's name)	
scholarship from the East Macomb Association	
	(Michigan college or university).
Please complete this form on my behalf and se	nd it to:
EMARSP Schola	arship Committee
c/o Carol	e Bannister
18877 Hig	ghlite Dr., S.
Clinton Town	ship, MI 48035
Some of the criteria that will be considered in g need, scholastic performance, and extracurricu paper or the back of this form for your commen	lar activities. Please use a separate sheet of
Thank you, (your name)	
Name and address of person making this recom	mendation (please print)
-	
Phone/cell	
mail	
This form and recommendation letter must be	received at the above address no later than