



*"To improve our community in both the present and the future"*

## ROBERT HUGHES MEMORIAL SCHOLARSHIP

Congratulations on your upcoming graduation from high school. Please remember to complete the grant application as legibly and thoroughly as possible. This scholarship is for 1 Year, a maximum amount of \$500.00 and will be awarded upon proof of acceptance and a copy of your class schedule from the college of your choice. Best of Luck in this and all of your future endeavors.

The Robert C. Hughes Memorial Scholarship was established in 2007 by the Hughes family. Robert Hughes owned and operated the Thistledowne Bed & Breakfast at Seul Choix near Gulliver. He was the University of Michigan housing and development director until he retired. Hughes was a mentor to students throughout his career and was interested in people, travel, good wine, good food and cooking.

### **Grant Guidelines:**

1. Must be a registered full time student
2. Must have attended Manistique High School all four years
3. Must be enrolled in a 4 Year Program at an Institution within the State of Michigan
4. Minimum GPA of 3.5

*Preference points are given to Gulliver residents, 1st in family to attend college, hardship situations, involvement in community service.*

Date:

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Name:

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Address:

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Name of College you plan to attend:

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Accepted:  Yes  No

*\*If accepted, please attach a copy of your acceptance letter to this application*

Career of Choice:

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Rank in Class (Example: 25th out of 150 Classmates )

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GPA:

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Other Scholarships, Awards or Grants Received:

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Occupation of Father:

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Occupation of Mother:

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In one paragraph or more, if needed, please describe your financial need for this scholarship in a way that review committee will be able to give careful consideration to your application. If more room is needed, please continue on additional sheet and attach.

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Please describe/list any Community Service or Volunteer work that you have participated in.

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When Application is completed, please return to the Guidance Office.

I \_\_\_\_\_, hereby give the Scholarship Review Committee  
permission to view my High School transcripts. (Please attach a copy)

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Signature