



SINGLE DISTRICT 10 LIONS SCHOLARSHIP PROGRAM RULES

1. A student who will graduate in this calendar year or who has graduated from an Upper Peninsula High School and has a learning and/or a physical disability (per school or doctor records) may apply.
2. Schools (vocational, trade, college or university) in the State of Michigan are qualified. If the school is not located in the State of Michigan, the application must be approved by a two-thirds (2/3) vote of the Scholarship Committee.
3. A student is eligible to apply after the completion of a high school education with a grade of C or an equivalent Grade Point Average (GPA).
4. An application by a student who is over twenty-five (25) years old and/or a graduate student must be approved by a two-thirds (2/3) vote of the Scholarship Committee.
5. A student must apply each year by completing an application and is limited to one (1) scholarship per academic year.
6. Students who have received a scholarship in the past can apply again but must list disabilities and give a history of what has been accomplished in the past year.
7. Special scholarships can be given out as deemed necessary by a two-thirds (2/3) vote of the Scholarship Committee at any time during the academic year.
8. Applications will be sent out to high schools in the month of January of each year to be used for that years scholarships.
9. Scholarship amounts and numbers will be determined by the amount of money available on April 1st of each year.
10. Scholarship recipients will be selected by April 15th of each year.
11. Selected students will receive the scholarship money after submitting proof of enrollment and proof of at least a partial payment to their selected learning institution and/or upon the discretion of the Scholarship Committee.
12. Scholarship checks will be issued to the student and the learning institution they are enrolled with.



**LIONS SINGLE DISTRICT 10
SCHOLARSHIP APPLICATION**

DATE: _____

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____ PHONE: _____

PARENT / GUARDIAN: _____

ADDRESS OF PARENT / GUARDIAN: _____

CITY, STATE, ZIP CODE: _____ PHONE: _____

HIGH SCHOOL: _____

ADDRESS OF HIGH SCHOOL: _____

GUIDANCE COUNSELOR: _____

GUIDANCE COUNSELOR PHONE: _____ EMAIL: _____

VOCATIONAL / TRADE / COLLEGE / UNIVERSITY: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____ PHONE: _____

STARTING DATE: _____ ESTIMATED COMPLETION DATE: _____

PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION –

A LETTER FROM YOUR HIGH SCHOOL STATING THAT YOU WILL OR HAVE GRADUATED FROM THAT SCHOOL.

A COPY OF THE LAST GRADES FROM YOUR HIGH SCHOOL.

A LETTER FROM YOU STATING YOUR MAJOR COURSE OF STUDY AND THE REASON THAT YOU FEEL YOU QUALIFY FOR THIS SCHOLARSHIP (BE SURE TO INCLUDE YOUR DISABILITY AS A PART OF THAT LETTER).

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND ALL ABOVE ITEMS ATTACHED OR THE APPLICANT MAY BE DISQUALIFIED.

PLEASE NOTE: ALL INFORMATION MUST BE MAILED BY APRIL 1.

SEND COMPLETED APPLICATIONS TO:
LIONS SINGLE DISTRICT 10 SCHOLARSHIP COMMITTEE
LION JUDITH A RACETTE CHAIRPERSON
5444 I ROAD
ESCANABA, MI 49829