

# The Ford and Marguerite Silsby Scholarship Application – 2012

Scholarships administered by the  
Roscommon County Community Foundation

**NOTE:** Student applying for this scholarship must be a graduating student of Roscommon High School with a minimum GPA of 2.3 (C+).

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Township: \_\_\_\_\_

Phone: \_\_\_\_\_ GPA: \_\_\_\_\_ SS#: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Planning to attend: \_\_\_\_\_

To complete a degree in your chosen area of education, you will be in college for a:  
(Check one)

One-year program \_\_\_\_\_ Two-year program \_\_\_\_\_ Four-year program \_\_\_\_\_

Intended Major: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Yearly family income: \_\_\_\_\_

**Please submit the following information:**

- a.) In **essay form**, write a **personal statement**, of not more than one or two type written pages, stating your long range goals and how college will help you to achieve those goals.
- b.) On a separate sheet of paper, list your **extracurricular in-school activities** for grades 9, 10, 11 and 12 (example: student council, class officer, athletics, band / choir, clubs and organizations). Please include the number of hours expended each year in these activities.
- c.) On a separate sheet of paper, list your **extracurricular out-of- school activities** for grades 9, 10, 11 and 12 (example: work experience, church activities, community service, volunteering and civic organizations). Please include the number of hours expended each year in these activities.
- d.) **School transcript**: Documentation stating a C+ (2.30 on a 4.0 grading scale) or better cumulative grade point average.
- e.) A copy of your **SAR (Student Aid Report)** is **required** to establish financial need.
- f.) On a separate sheet of paper, a statement of financial need addressing the following:
  - 1.) **Estimated cost of your education**: including tuition, dorm rent, books and lab fees
  - 2.) **List the names and dollar amounts of scholarships** that you have received to date.
  - 3.) Any **special financial challenges** you or your family may be facing.

We, the undersigned Applicant and Applicant's Parent/Guardian, do hereby state that the above requested information is true to the best of our knowledge, and with our signature do hereby give our permission to release the above information to the Silsby Scholarship Committee and the Roscommon County Community Foundation for selection and administration purposes only.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application will be kept strictly confidential.**

**Return this application to your Counseling Office no later than March 2, 2012.**

**Late applications and incomplete applications will not be accepted.**