

# **Alexandra LaChapelle Memorial Scholarship**

## SELECTION CRITERIA

### **Eligibility:**

**One (1) scholarship recipient will be chosen annually from Forest Park High School. Exact award amount is determined annually based upon earnings in fund.**

1. The student must have been accepted in a public institution on higher learning.
2. Candidates will be limited to a graduating high school senior girl.
3. The student shall have participated in a sport at some time during their high school career.
4. GPA, class rank will not be factors in selecting the recipient. Financial need, however, will be considered in the selection.
5. The student must attach a brief essay relating to your own experience on being a girl in the Upper Peninsula
6. The scholarship is not renewable
7. All completed applications must be returned to the Guidance Office.

### **Addendum:**

A scholarship award may be revoked because of:

- Criminal or anti-social conduct of recipient.
- Filing false information on application.

**Alexandra LaChapelle Memorial Scholarship**

STUDENT APPLICATION FORM

**\*\*\*\*IMPORTANT\*\*\*\***

*All references to be mailed or directly delivered to the guidance counselor.*

Date of Application \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Phone: \_\_\_\_\_

Have you applied for Admission? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Name of institution you plan to attend: \_\_\_\_\_

Have you applied for other scholarships? \_\_\_\_\_ Have you been granted a scholarship? \_\_\_\_\_

If so, name of scholarship and amount. \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT APPLICATION FORM

Name of parent or guardian completing this form: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Do you have dependents other than your own family or other extenuating circumstances that should be considered? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note below any statements you may wish to make which will assist the Scholarship Selection Committee in consideration of the applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above statements are correct.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_