

FRAUENTHAL SCHOLARSHIP FUND

Muskegon Public Schools
Room 100
349 W. Webster Avenue
Muskegon, Michigan 49440

Telephone: 231/720-2004

INSTRUCTIONS FOR RETURN OF SCHOLARSHIP APPLICATION AND ELIGIBILITY REQUIREMENTS:

1. To be considered for a scholarship, you must meet the following requirements.
 - a. Be a resident of Muskegon County or a graduate of a Muskegon County high school;
 - b. Not be over 21 years of age;
 - c. Be a Community College sophomore or a high school senior in the top five percent of your class.
2. Page 3 of this application must be filled out and returned by a school official. It is important to indicate to the official that the Scholarship Office must receive this information no later than the due date. Incomplete applications will not be considered for a scholarship.
3. A definite need for financial assistance must be shown. Copies of IRS Form 1040, pages 1 and 2, as well as copies of W2s for all wage earners in the household should be included with this application.
4. **DUE DATE:** Complete applications are due in the Scholarship Office no later than March 31 of the current school year.

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APPLICATION FOR SCHOLARSHIP

(Please write legibly or print.) All information supplied is subject to verification by the Scholarship Selection Committee.

Name _____ Social Security No. _____
 First Middle Last

Home Address _____
 Street City Zip Code County of Residence

Birth Date _____ Telephone Number _____
 Month Day Year

Name of Father _____ Living? Yes ___ No ___

Name of Mother _____ Living? Yes ___ No ___

Address of parent(s) if different from applicant's _____

Occupation and Place of Employment:

Father _____

Mother _____

Number of persons dependent on the family income: _____ Source(s) of family
income in addition to salaries: _____

High School(s) Attended: _____

Dates of Attendance: _____ Date to be Graduated _____

Presently attending Muskegon Community College? Yes ___ No ___

If yes, date to be graduated: _____

What college/university have you applied to? _____

NOTE: This part of the scholarship application is to be completed by a school official and mailed directly by the official to:

Frauenthal Scholarship Fund
Muskegon Public Schools
349 W. Webster Avenue
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Name of Student _____

Class Rank: _____ of _____ members (7th semester)

G.P.A. _____ on a _____ point scale.

ACT Score:

SAT Score:

English _____

Verbal _____

Math _____

Math _____

Reading _____

Sci. Reas. _____

Composite _____

An official transcript must be attached to this application.

Principal's, Counselor's, or School Official's recommendation: _____

Date _____ Name _____

School _____ Title _____