

First Sergeant John D. Juracko Scholarship And Marine Corps League Scholarship Detachment #690 SCHOLARSHIP APPLICATION FORM

Use additional sheets if space provided is not sufficient. All information will be kept strictly confidential. In order to be eligible to apply for this scholarship, you must be: An Antrim, Charlevoix, Cheboygan, or Emmet County graduating senior Accepted into and planning to attend either North Central Michigan College or an accredited trade or technical school APPLICANT NAME: ____ First Middle Initial ADDRESS:___ City State Zip TELEPHONE: ______ BIRTH DATE: ______ HIGH SCHOOL: ______ EMAIL: _____ WHERE ARE YOU PLANNING TO GO TO SCHOOL? ______ LOCATION: _____ DO YOU HAVE RELATIVES WHO HAVE SERVED OR ARE SERVING IN THE ARMED FORCES? YES NO ____ (If necessary, please attach a list of your relatives who have served or are currently serving. BRANCH: RELATIONSHIP: **PERSONAL STATEMENT:** In 500 words or less, attach a personal statement that answers this question: "As a citizen of the United States, what do you think our responsibilities are and why?" SCHOOL INVOLVEMENT: Please attach a list of school related activities that you have participated in over the course of your high school career. Next to each activity listed, identify the number of hours per month dedicated to such activities and the years that you were involved in the activity. For example: 10 hours/month, Sept.- Dec. 9th, 10th, 11th, & 12th grades Marching Band COMMUNITY SERVICE: Please attach a list of community service related activities that you have participated in over the course of your high school career. Next to each activity, identify the number of hours per month dedicated to such activities and the years that you were involved in the activity. For example: Humane Society 4 hours/month, Dec.-March 11th arade TRANSCRIPT: Please submit with your application an official copy of your latest academic transcript. Your transcript will be used to look at cumulative GPA and SAT score. **CERTIFICATION:** I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of information will exclude me from scholarship consideration. Applicant Signature _____ _____Date_____

DEADLINE: Completed applications must be turned into your high school counselor's office by **March 1, 2017.**