HOMER J VAN HOLLENBECK FOUNDATION

SCHOLARSHIP APPLICATION

5750 New King Drive, Suite 200
Troy, MI 48098
248-764-4346

Scholarship Award: A maximum of $3,000 in the form of direct payment to the university or college of choice.
Criteria:
* Student must have a minimum 2.5 GPA.
* Must be currently attending a Macomb County area high school.
* Must demonstrate a hardship, which could otherwise prevent the student from attending college.
* Must attend college full-time beginning with the fall semester of 2023

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY

1. **Name of applicant:** _____
2. **Address, City, State, Zip:** _____
3. **Phone:** (Student) _____ (Alternative #) _____
4. **Date of Birth:** _____
5. **Last 4 Digits S.S. Number:** _____
6. **High School Attending:** _____ **Graduation Date:** _____
7. **Sponsor (Teacher/Principal):** _____
8.

GPA	ACT Composite Score	SAT Composite Score

9. **Scholastic Awards:** _____
10. **List any activities or organizations you have participated in during high school.**
(Athletics, band, choir, clubs, community service, class officer, organizations, etc.)

Activity or Organization	# of Years	Comments

11. **Work history:**

Employer	From / To	Position

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12. Who would you say is your role model and why?

_____

_____

_____

13. Name of BOTH parents and/or guardian: _____ _____

If deceased, state year: _____ _____

Occupation: _____ _____

Firm/corporation/institution: _____ _____

Annual family income from all sources/both parents $ _____ $ _____

(mandatory)

Total number of siblings: _____

Number of siblings currently attending college: _____

14.

College/University you plan on attending	Amount of Tuition	Room & Board (if applicable)	Other	Total

Intended major: _____

15. Amount of money available to you for tuition from:

Parent / Guardian: _____ Your contribution: _____ Other: _____

16. Will you be receiving the Michigan Merit Scholarship Award? Yes_____ No _____

17. Have applied for or been awarded any other scholarships, grants or loans?

Name of Scholarship Grant or loan	Applied ?	Amount Received	Type (**S**cholarship, **G**rant or **L**oan)	Circle If Renewable
	☐		S G L	Y N
	☐		S G L	Y N
	☐		S G L	Y N
	☐		S G L	Y N
	☐		S G L	Y N

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18. General discussion of your goals:

19. Do you have any physical handicaps or diagnosed learning disabilities? If so, explain.

20. Explain why you might have a hardship in attending college if you were not granted a scholarship and include any unusual family expenses or special circumstances.

21. List two references:

A. _____

B. _____

_____
Signature of Applicant

_____
Signature of Parent/Guardian

Mail completed application to:

Stefan Wanczyk, Director
Homer J Van Hollenbeck Foundation
5750 New King Drive, Suite 200
Troy., MI 48412
Attention: Debi Hopp

* ***Please include the mandatory official high school transcript along with any letters of recommendation***

APPLICATION MUST BE RECEIVED BY MAY 31, 2023

Late or incomplete applications will not be considered