

Application Package for

The Waterford Foundation Edward J. Kuhn Scholarship

The Edward J. Kuhn Scholarship was established to recognize scholastic achievement, to encourage continued progress, and to provide assistance to high school students in financing their education. Two \$2,000 scholarships will be awarded annually to one Kettering High School and one Mott High School deserving senior.

Eligibility Requirements and Criteria for Selection:

An applicant must be a Waterford School District high school graduating senior in good standing. Students may use the scholarship award for tuition and other educational expenses. The scholarship will be awarded to deserving students in the minds of the scholarship committee using the following criteria:

| Receive average grades of B and C |
|---|
| Need financial help in order to enter college |
| Exhibit outstanding character |

High School Scholarship Committee Recommendations:

A list of eligible recipients shall be compiled annually by the faculty and staff of Waterford Kettering and Mott High Schools and submitted to a scholarship committee established at each high school. The committee will consist of three members: principal and two counselors. These individuals will make the selection of the final recipients, one from each high school. The committee, without regard to race, creed, color, national origin, sex, age or handicap, will make selection of final recipients. No student will be discriminated against on such basis.

Application Package Requirements

1. A Completed Application Form

2. Academic Record

Enclose a copy of your transcript

Applicant Information

| Name | | | | | |
|----------------------|----------------------------|-----------------------|--------------|--|--|
| Address | | | | | |
| Phone | Date of Birth | Citizenship_ | | | |
| Parent(s) Name | | Parent Phone | Parent Phone | | |
| High School | | _ Graduation Date | | | |
| Please list all scho | ols you have attended: | | | | |
| Name of school | | From | То | | |
| Name of school | | From | То | | |
| Name of school | | From | То | | |
| College or School y | ou will attend | | | | |
| City and State whe | ere the school is located | | | | |
| Have you been acc | epted to this school? | When will you start o | classes? | | |
| Name of the specif | fic program in which you w | vill enroll | | | |
| What is the career | or job you are preparing f | for? | | | |
| Signature | | Date | | | |

Deliver this completed application, along with a copy of your transcript, to your high school counselor no later than the first Friday of March.