

Starr Commonwealth Scholarship Application

Please fill out the application completely and sign on the last page. Please complete the essays as requested on page 4. Please attach a copy of your most recent grades or a transcript, as well as a copy of the financial aid award letter from your educational institution.

I. General Information:

Name: _____

Street Address _____

City, State, Zip _____

Phone _____

Email _____

DOB: _____

Marital Status: _____ # of Dependents: _____

Date entered Starr: _____ Date of completion: _____

Campus:

_____ Albion _____ Van Wert _____ Columbus

_____ Detroit _____ Battle Creek

Are you a first-time applicant? _____ No _____ Yes

If no, when did you previously apply? _____

II. Educational History:

High School Attended: _____

Date of diploma: _____

Previous Colleges attended: _____

III. Educational Program Information:

School Name _____

Address: _____

Type of School:

_____ 4-year College/University _____ 2-year/Community College

_____ Technical/Trade School _____ Other (Please specify)

Intended Major/Course of Study: _____

Expected Completion Date: _____

Terms attending this school year:

_____ Fall _____ Winter/Spring _____ Summer

IV. Financial Status:

Expenses:

Tuition:	\$ _____
Fees:	\$ _____
Books & Supplies:	\$ _____
Room & Board (on-campus only):	\$ _____
Total Expenses:	\$ _____

****We must receive a copy of your school's financial aid award letter****

Funding Sources:

Grants:	\$ _____
Scholarships:	\$ _____
Loans/Other Aid (Please specify)	\$ _____

Currently Employed at: _____

Currently Monthly Income: \$ _____

Scholarship Amount Requested: \$ _____

V. Please complete the following essays and attach:

- A. State your educational goals and how this scholarship will aid you in achieving your goals - 200 words or less (first-time applicants ONLY).
- B. "How Starr Commonwealth has helped me" or "What I have learned from Starr Commonwealth," in at least 200 words (first-time applicants ONLY).
- C. Please state any special circumstances you would like the committee to consider.

IV. Certification:

I hereby certify the facts set forth in my application are true and complete to the best of my knowledge. I also acknowledge that my presence at the Founder's Day Celebration on the first Sunday of October is requested, and I agree to try to make the necessary arrangements to attend.

Applicant's Signature

Date

V. Please attach the following additional information:

- A. Most recent transcripts/grade report
- B. Copy of Financial Aid Award Letter

Failure to provide all requested documents may result in delay or denial of your application.

Mail all pages and attachments to:

**Scholarship Office
Starr Commonwealth
13725 Starr Commonwealth Road
Albion, MI 49224**

Or Fax to:

Scholarship Office – (517)630-2400