EDWARD, ARLENE AND KAYE MAIBACH NORWAYNE SCHOLARSHIP APPLICATION FORM

This scholarship is available to a Norwayne High School senior who is enrolling in college on a full-time basis (at least 12 semester hours). Applicant must have maintained a minimum 3.00 high school GPA and must have financial need.

Please print or type

Name of Student ___________________________________________

Address ___________________________________________________________________________________________________

City/State/Zip Code_________________________________________________________________________________________

Telephone _________________________ Email Address____________________________________

High School __________________________________________________________________________

College ______________________________________________________________________________

Planned Major________________

Will you be attending college full-time? ____________________________________________________

Parent(s) Name(s)______________________________________________________________________

Are there any special circumstances, other than family income, that should be considered in evaluating your application (family debts, loss of income, illness, etc.)? If so, please explain____________________

__________________________________________________________________________________

Have you been notified, or do you anticipate notification, of any scholarships or financial aid awards for the coming academic year? Please list and include the amount.__________________________

__________________________________________________________________________________

ALSO INCLUDE:

• An essay not to exceed 300 words stating why you feel you should be considered for the scholarship.

• A copy of your Student Aid Report (SAR) Acknowledgement from the U.S. Department of Education’s Federal Student Aid Office (response from completing the FAFSA).

• A transcript of your grades from high school, including ACT or SAT scores.

SIGNATURES:

We hereby certify that all information in this application is accurate.

______________________________________________________________

Signature of Student                                              Signature of Parent/Guardian (if under 18 years of age)


Return completed application to your guidance counselor by April 1st.

Note: If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued in July, prior to the new school year. No checks will be awarded directly to any individuals.