

# ATTENTION COLLEGE BOUND SENIORS

**\$10,000.00 SCHOLARSHIP OPPORTUNITY  
(\$2,500 PER YEAR, FOR A MAXIMUM OF 4 YEARS)**

## **GERALD C. FRIEND MEMORIAL TRUST SCHOLARSHIP**

### **INSTRUCTIONS:**

This application must be completed in its entirety. Incomplete applications will not be considered. If you require additional space to respond to a section, please respond on a separate sheet and attach it to the application.

**The deadline for filing this application is March 31 of your senior year.** Applications postmarked after March 31<sup>st</sup> will not be considered. All applications received by the scholarship committee become the property of the Gerald C. Friend Memorial Trust Fund.

### **INCLUDE IN YOUR APPLICATION THE FOLLOWING:**

- Copy of your high school transcripts
- Copy of your ACT or SAT scores (if shown on transcript that is acceptable)
- Personal Data Sheet (two pages)
- Letter of Recommendation Form and Recommendation Letter

### **MAIL OR EMAIL THE APPLICATION TO:**

Gerald C. Friend Memorial Scholarship Committee  
P.O. Box 180167  
Utica, MI 48318  
Or electronically to:  
[geraldcfriend@gmail.com](mailto:geraldcfriend@gmail.com)

### **FOR ADDITIONAL INFORMATION CONTACT:**

Mr. David Rilley  
(586) 228.3305

## GERALD C. FRIEND MEMORIAL TRUST SCHOLARSHIP

### Personal Data

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET NUMBER AND NAME \_\_\_\_\_

\_\_\_\_\_ MI \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (      ) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HIGH SCHOOL  
ATTENDING \_\_\_\_\_

HONORS (AWARDS) RECEIVED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTIVITIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENTS OR LEGAL GUARDIANS.

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

## **GERALD C. FRIEND MEMORIAL TRUST SCHOLARSHIP**

### **PERSONAL DATA (cont.)**

COLLEGE/UNIVERSITY YOU PLAN TO ATTEND\_\_\_\_\_

HAVE YOU BEEN ACCEPTED?      YES\_\_\_\_\_ NO\_\_\_\_\_

IF YOU HAVE NOT BEEN ACCEPTED, WHEN DO YOU EXPECT TO KNOW?

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HOW MANY OTHER MEMBERS OF YOUR IMMEDIATE FAMILY WILL BE ATTENDING POST HIGH SCHOOL INSTITUTIONS DURING THE NEXT FOUR YEARS?

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EXPLAIN YOUR INTEREST IN THE GERALD C. FRIEND MEMORIAL SCHOLARSHIP:

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WHAT ARE YOUR GOALS AND/OR OBJECTIVES FOR COLLEGE?

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PLEASE DESCRIBE YOUR LEADERSHIP AND ORGANIZATION EXPERIENCE IN YOUR SCHOOL AND COMMUNITY.

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## GERALD C. FRIEND MEMORIAL TRUST SCHOLARSHIP

### LETTER OF RECOMMENDATION FORM:

SCHOLARSHIP APPLICANT'S NAME\_\_\_\_\_

INFORMATION BELOW IS TO BE FILLED OUT BY INDIVIDUAL PROVIDING THE RECOMMENDATION.

PERSON PROVIDING THE LETTER OF RECOMMENDATION:

NAME:\_\_\_\_\_

POSITION/TITLE\_\_\_\_\_

ADDRESS:\_\_\_\_\_

PHONE:\_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE  
APPLICANT?\_\_\_\_\_

ARE THERE ANY EXTEMUATING CIRCUMSTANCES THAT YOU FEEL WOULD  
MAKE THE APPLICANT ESPECIALLY IN NEED OF RECEIVING THIS  
ASSISTANCE? IF SO, PLEASE DESCRIBE BELOW:

**PLEASE ATTACH THE LETTER OF RECOMMENDATION TO THIS PAGE**

