

# 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 Riley  
(586) 228.3305

## GERALD C. FRIEND MEMORIAL TRUST SCHOLARSHIP

### **Personal Data**

DATE\_\_\_\_\_

NAME\_\_\_\_\_

LAST	FIRST	MIDDLE
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ADDRESS\_\_\_\_\_

STREET NUMBER AND NAME

\_\_\_\_\_ MI \_\_\_\_\_

CITY	ZIP
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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?

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT ARE YOUR GOALS AND/OR OBJECTIVES FOR COLLEGE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 EXTENUATING 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**

