

**SAM DUNCAN SCHOLARSHIP APPLICATION
INSTRUCTIONS**

The *Sam Duncan Memorial Scholarship Fund* awards annual scholarships to persons with physical disabilities for the purpose of education or training.

Basic standards and guidelines:

1. Recipients must have been a resident of Genesee, Lapeer or Shiawassee County for a period of not less than ninety (90) days prior to submitting application.
2. The recipient must be attending or have been accepted for attendance at a higher educational institution or training program.
3. This Scholarship was founded to honor *Sam Duncan*, a man who, having suffered a debilitating injury during WWII, gave greatly to the disabled community. Our purpose is to see that people with disabilities have available to them, every educational opportunity.
4. The recipient must be approved by the Committee appointed by the Board of this fund, as meeting personal character standards consistent with *The Sam Duncan Memorial Scholarship Committee*, and is not barred by reason of race, sex, religion or age.

PLEASE ATTACH THE FOLLOWING TO COMPLETED APPLICATION:

- A. Two (2) character reference letters.
- B. Transcript of all courses completed.
- C. A. biographical statement, including educational background, financial need, and any other pertinent information about yourself. All information will be kept confidential.
- D. A copy of an acceptance letter, if available.

All applications must be received by Monday, April 15, 2019. Scholarship interviews will be held on Friday, April 26, 2019. Applicants will be notified on May 10, 2019 as to the place and time of the interview. Scholarship recipients are expected to attend our annual Scholarship Dinner on Friday, June 21, 2019 at 6:00 PM at UAW Local 659, G-4549 Van Slyke Road, Flint, MI 48507.

**APPLICATION MUST BE COMPLETED IN FULL
WITH ALL DOCUMENTATION TO BE CONSIDERED**

TO SUBMIT APPLICATION, MAIL TO:

Lorraine Stone, Chairperson
501 S. Oak Street
Durand, MI 48429
(810) 624-5726 (cell)
(989)288-3009 (home)

These instructions and application may be copied to facilitate additional applicants.

SAM DUNCAN SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE

NAME: _____ PHONE: () _____

ADDRESS: _____
Street City State zip code

DATE OF BIRTH: ____/____/____ MAARITAL STATUS: _____ DEPENDENTS: _____

HIGH SCHOOL: _____ ACADEMIC GRADUCATION DATE: _____

GED: _____

CURRENT SCHOOL: _____

NAME OF COLLEGE, UNIVERSITY, TRADE SCHOOL ATTENDING OR ACCEPTED TO:

CURRICULUM: _____

PROGRAM: _____

DATES ATTENDED, OR ATTENDING: _____

CAREER GOAL: _____

PROVIDE OFFICIAL TRANSCRIPT OF ALL GRADES, ALL POST SECONDARY SCHOOLS.

LIST COMMUNITY ACTIVITIES (PAID OR UNPAID): _____

SAM DUNCAN SCHHOLARSHIP APPLICATION

IF AWARDED THIS SCHOLARSHIP, THE SCHOLARSHIP FUND BOARD HAS MY PERMISSION TO FEATURE MY QUALIFICATIONS FOR THIS AWARD WITH THE FOLLOWING CONDITIONS:
