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 TelephoneEmail 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 applic	cation is accurate.		
		Signature of Student	Signature of Parent/Guardian (if under 18 years of age)		

Return completed application to your guidance counselor by March 15th.

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.