



AVANELLE HUTCHINGS POWELL SCHOLARSHIP
TO BE COMPLETED BY STUDENT AND PARENTS
(Cannot be in the top 10% of your class)

Date: _____

DEADLINE: March 13, 2024

Please return your completed application and documents to Mrs. Stanton at the High School

PERSONAL DATA

Student's Name _____ Phone# _____

Home Address _____

Name of Parents or Guardian _____

Home Address _____

Are both parents employed? Yes _____ No _____

Father's Occupation _____

Place of Employment _____

Mother's Occupation _____

Place of Employment _____

Number of children in family _____ Number younger _____

Number in college next school year including this student _____

FUTURE PLANS:

I am interested in attending college beginning with the spring/fall semester. (Circle one)

College choice _____

Course of study (Major and minor) _____

What vocational or professional field do you plan to enter? _____

Explain why you made this choice _____

How many years of school will you attend? _____

What degree or certification will you earn upon completion? _____

FINANCIAL INFORMATION:

How much will it cost you to complete a year of schooling including room and board at the college of your choice? Complete the following according to where you plan to live.

- If you live on campus (dorm) -	_____	- Yearly Tuition -	_____
- If you live in an apartment -	_____	- Books and Fees -	_____
- If you live at home -	_____	- TOTAL -	_____

Have you applied for other scholarships? _____ Please list any you have received or expect to receive and the amount.

How much money did you earn this summer? _____

How much did you save for college? _____

How much money will you receive from family funds or other sources toward your college education? _____

(MET, Social Security, separated parent contributions, et cetera)

What percentage of funds needed for the first year of college will be available for the beginning of school this fall? _____

Please explain: _____

Parents and/or students: Please explain any circumstances in the home or family which might create a special need for financial aid:

*What is the pre-tax adjusted gross income, combined annual income of both parents with whom you live?

Under \$10,000 _____	\$30,000-35,000 _____	\$51,000-54,000 _____
\$10,000-14,000 _____	\$35,000-39,000 _____	\$54,000-57,000 _____
\$14,000-17,000 _____	\$39,000-42,000 _____	\$57,000-60,000 _____
\$17,000-20,000 _____	\$42,000-45,000 _____	\$60,000-63,000 _____
\$20,000-25,000 _____	\$45,000-48,000 _____	\$63,000-66,000 _____
\$25,000-30,000 _____	\$48,000-51,000 _____	\$66,000-70,000 _____
		Over \$70,000 _____

How much U.S. Income Tax was paid last year? _____

Is the source of income from a business? _____
Farm? _____

Employed by a company? _____ Self Employed? _____

Is the income: Salary? _____ Or hourly paid rate? _____

***This information can be found on your FAFSA**

ESSAY:

Please write a one to two-page essay on your plans for continuing your education beyond high school and your vocational or professional goals after the completion of training. Attach to this application.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

***PLEASE NOTE: Student and parent signatures serve as permission to release the attached material to the scholarship selection committees.**

Counselor's Signature _____ Date _____

Please contact the counseling office for a copy of your high school transcript to include with your application.

The Board of Education does not discriminate on the basis of race, color, national origin, sex (including sexual orientation, and transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected characteristic, (collectively "Protected Classes") in its programs and activities, including employment opportunities. The District's Compliance Officers shall handle inquiries regarding the Board's nondiscrimination policies and any complaint of discrimination.

Complaints or inquiries should be forwarded to:

1076 N. 37th St.
Galesburg, MI 49053

Wendy Maynard-Somers, Superintendent * 1076 N. 37th St., Galesburg, MI 49053 * (269) 484-2000 * Fax (269) 484-2001