

LAKESIDE CLUB OF MANISTEE COUNTY

2024 SCHOLARSHIP FOR SERVICE

The Lakeside Club of Manistee County announces the:

**2024 Lakeside Club of Manistee County**

**Scholarship for Service Program.**

Under the program one $750 Scholarship for Service will be awarded to a qualifying young woman senior from each public and private high school in Manistee County, Michigan.

1. Be able to demonstrate community and school involvement.
2. Have acceptance at a college, university, trade school or certification program within twelve months of high school graduation.
3. Genuinely cares for others before self/is an advocate for anti-bullying.
4. Be a good citizen, respected by her peers
5. A no longer than two-page essay: What Have I Done to Impact My Community and How Will My Education Help Impact My Community in the Future?
6. Two letters of recommendations from non-related adults who know the applicant and can attest to her character.
7. Applications must be received no later than **April 19, 2024**.

The applications will be reviewed and the recipient selected by the Lakeside Club of Manistee County Scholarship for Service Award Committee. The Award will be presented at each individual scholarship winner school’s Honors Night.

Application to be filled out by student

|  |  |
| --- | --- |
| LAST NAME: | FIRST NAME: |
| MAILING ADDRESS: | |
| STREET |  |
| CITY | MICHIGAN |
| ZIP CODE | |
| PHONE NUMBER: | |
| DATE OF BIRTH: | |
| LIST YOUR HOBBIES, OUTSIDE INTERESTS, EXTRA CURRICULAR ACTIVITIES AND SCHOOL RELATED VOLUNTEER ACTIVITIES: | |

|  |  |
| --- | --- |
| LIST YOUR NON-SCHOOL SPONSORED VOLUNTEER ACTIVITIES IN THE COMMUNITY: | |
| NAME OF PARENT(S) OR GUARDIAN(S) | |
| LAST NAME: | FIRST NAME: |
| PARENT OR GUARDIAN PHONE NUMBER: | |
| ON A SEPARATE PIECE OF PAPER, WRITE A NO MORE THAN TWO-PAGE ESSAY. WHAT HAVE I DONE TO IMPACT MY COMMUNITY AND HOW WILL MY EDUCATION HELP IMPACT MY COMMUNITY IN THE FUTURE? | |
| INCLUDE TWO LETTERS OF SUPPORT FROM NON-FAMILY MEMBERS WITHIN THE VOLUNTEER ORGANIZATION YOU SERVE OR HAVE SERVED. | |

THIS APPLICATION HAS BEEN REVIEWED AND DEEMED COMPLETE BY AN ADMINISTRATOR OR SCHOOL STAFF MEMBER

Name of Administrator or school staff member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone:\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIL COMPLETED APPLICATION TO:**

THE LAKESIDE CLUB OF MANISTEE COUNTY

P.O. Box 753

Manistee, Michigan 49660

**REMINDER**:

APPLICATIONS MUST BE RECEIVED NO LATER THAN **APRIL 19, 2024.**

NOTE:

Monetary award will be presented upon proof of acceptance in a program.

DISCLAIMER

Your photograph and excerpts of your essay may be used in related press releases by the Lakeside Club of Manistee County.

If you are under the age of 17, a parent, guardian, or advocate's signature is required for the Lakeside Club of Manistee County to use your name, photograph, and/or essay excerpts in publicity.



Lakeside Club of Manistee County

Release Form

I grant my permission for Lakeside Club of Manistee County to use photographs and/or essay excerpts in their publicity.

Signature of Parent, Guardian, or Advocate:

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Signature Printed Name