JAMES W. PHELAN SCHOLARSHIP FUND APPLICATION

Name: _____ _____ _____

First Last M.I.

Permanent Address:

_____ _____ _____ _____

Street City State Zip Code

Phone number where you can be reached: _____

Name of Michigan College or University: _____

Year in school: _____ Major _____ Minor _____ Cumulative GPA _____

Are you a full time student? YES: _____ NO: _____

Are you a non-traditional adult student? YES: _____ NO: _____

Give a brief description of your background, achievements, educational goals, extra-curricular activities, community service or volunteer work, and career goals. Include why you should be considered for this scholarship.

This statement should be no longer than one page. Please try to address all of the above items in your statement. (Scholarship will NOT be based on financial need).

This application, along with a complete transcript, should be sent to the following address and post marked no later than May 1.

Mr. John Phelan
James W. Phelan Scholarship Fund
P.O. Box 105
Anchorville, MI 48004