



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.

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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