MICHIGAN YOUTH APPRECATION FOUNDATION METRO DETROIT YOUTH DAY

2024 SCHOLARSHIP <u>AWARD PROCESS</u>

Purpose: To recognize students in the Detroit Metropolitan area who have maintained good standing academically and who have overcome personal challenges to graduate from high school and go on to an institution of higher learning.

Student Selection Criteria

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- High school students who will be graduating from a public, parochial, private or charter high school in Wayne, Oakland and Macomb counties.
- Students who have been accepted into a four year university or college or a two year community college program and have provided a letter of acceptance for enrollment.
- Students who have a grade point average (GPA) of 2.0 or higher.
- Students who live in the greater Metropolitan Detroit area and surrounding communities.
- Students who have been recommended by their school counselor, principal, teacher, minister or community leader.

Application Process

(Please use check boxes provided to make sure you have submitted all the required documentation).

Applicants must submit the following documents with the application:

	<u>Completed</u> Scholarship Application. <u>Print legibly or type all applications</u>
	Official Letter of Acceptance from the college or university applicant will be attending
	Official High School Transcript. Copies are acceptable, but must be legible.
	Letter of Recommendation (up to 5) from individual(s) other than family or relatives.
extra-	One Page Essay for additional information about yourself that you would like the selection ittee to review while considering your application. This may include your life goals, curricular activities and special circumstances that affected your life or challenges you overcome.

APPLICATIONS RECEIVED WITHOUT REQUIRED DOCUMENTS WILL NOT BE CONSIDERED!

Notification Process

Students who have been selected will be notified by regular mail. It is very important to include <u>accurate</u> contact information. If we are not able to verify applicant information, it may forfeit the scholarship award. Scholarship awards amounts vary based on sponsorship.

Detailed information regarding the Metro Detroit Youth Day Awards Ceremony will be included in the letter. If your plans change and you do not plan to attend school or change the college or university you plan to attend, you must contact us immediately. Please note that some scholarships are not transferable to another school.

Completed Applications and All Documentation Must Be Postmarked:

DEADLINE: FRIDAY, MAY 24, 2024

Please send to:

Metro Detroit Youth Day Scholarship Committee c/o Edward Deeb, Founder and Chairman 26333 Jefferson Ave., Ste 101, St. Clair Shores, MI 48081

Contact Information: Phone: (586) 774-4000 Email: edeeb@miyouthfdn.org

Metro Detroit Youth Day Scholarships are sponsored by:

Participating Businesses & Foundations and Michigan Youth Appreciation Foundation

MICHIGAN YOUTH APPRECATION FOUNDATION **METRO DETROIT YOUTH DAY**

2024 SCHOLARSHIP AWARD APPLICATION

<u>Please Type or neatly Print</u> — <u>Must Be</u> <u>Filled Out Completely</u>

		_	re you have submitted all the	required docum	nentation.
Student's Name	Firet	Middle	e Initial	Last	
Address	FIISt	Middle		Lasi	
Address Num	nber		Street		
City			<u>Michigan</u>	Zip	
Phone Number <u>(</u>)	Alteri	nate Phone Number()	
Date of Birth		M □F E-Mail a	address		
High School				GPA	
City			Zip		
School Counselor_		Hi	gh School Phone Numbe	r ()	
College or Univers (<u>Student</u> <u>Mu</u>	ity Student Plan	ns to attend: and Attending for Fa	all Enrollment. Please Su	bmit Letter o	f Acceptance)
Location of College	e/University: Cit	у	Sta	ite	
Intended Major		Care	er Objective		
Have you received	any other scho	larships? ☐ Yes	□ No If Yes, Please I	ist other sch	nolarships:
Name of So	cholarship	Amount/ year	Name of Scholar	rship	Amount/ year
confirm that I am no	ot receiving any s	cholarships to date:			Date:
	or receiving any e		Applicant's Signa	ature	
Recommended by			Phone Number	er()	
,	(Name of pers	on or organization)	Phone Numb		
Additional Contac	ct Phone ()	Email address		
	•		ication and All Require	d Document	ation to:
	<u> </u>		Day Scholarship Con		
	263	333 Jefferson Ave, St	e 101 * St. Clair Shores, MI	48081	
	Pho	one: (586) 774-4000	* Email:youthday@miyouth	nfdn.org	
	<u>Deadlir</u>	<u>ne for Applicat</u>	ion: FRIDAY, MA	Y 24, 2024	<u> </u>
		Required Doc	umentation*		
	Completed Sch	olarship Applicati	ion		
_		• • •	ing College or Univers	ity	
	Official High So	chool Transcript (0	Copies are acceptable)		

□ One Page Essay-Include information about yourself and life goals. *APPLICATIONS WILL NOT BE PROCESSED IF DOCUMENTATION IS MISSING.

□ Letter of Recommendation (up to 5)