

# HOMER J VAN HOLLENBECK FOUNDATION

## SCHOLARSHIP APPLICATION

5750 New King Drive  
Suite 200  
Troy, MI 48098

*Scholarship Award:* A maximum of \$3,000 in the form of direct payment to the university or college of choice.

*Criteria:* \* Student must have a minimum 2.5 GPA.

\* Must be currently attending a Macomb County area high school.

\* Must demonstrate a hardship, which could otherwise prevent the student from attending college.

\* Must attend college full-time beginning with the fall semester of 2024

### PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY

1. Name of applicant: \_\_\_\_\_
2. Complete Address: City, State \_\_\_\_\_
3. Phone: (Student) \_\_\_\_\_ (Alternate) \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. Social Security Number: \_\_\_\_\_
7. High School Attending: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
8. Sponsor (Teacher/Principal): \_\_\_\_\_

	GPA	ACT Composite Score	SAT Composite Score
9.			

10. Scholastic Awards: \_\_\_\_\_  
\_\_\_\_\_

11. List any activities or organizations you have participated in during high school.  
(Athletics, band, choir, clubs, community service, class officer, organizations, etc.)

Activity or Organization	# of Years	Comments

12. Work history:

Employer	From / To	Position

Homer J Van Hollenbeck Foundation Scholarship Application

13. Who is your role model and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Father:	Mother:
14. Name of <b>BOTH</b> parents, or guardian:	_____	_____
<i>If deceased, state year:</i>	_____	_____
Occupation:	_____	_____
Firm/corporation/institution:	_____	_____
Annual family income from all sources/both parents	\$ _____	\$ _____
<b>*(MANDATORY)*</b>		
Total number of siblings:	_____	
Number of siblings currently attending college:	_____	

15.	College/University you plan on attending	Amount of Tuition	Room & Board (if applicable)	Other	Total

Intended major: \_\_\_\_\_

16. Amount of money available to you for tuition from:  
 Parent / Guardian: \_\_\_\_\_ Your contribution: \_\_\_\_\_ Other: \_\_\_\_\_

17. Will you be receiving the Michigan Merit Scholarship Award? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Have applied for or been awarded any other scholarships, grants or loans?

Name of Scholarship Grant or loan	Applied ?	Amount Received	Type (Scholarship, Grant or Loan)	Circle If Renewable
	<input type="checkbox"/>		S G L	Y N
	<input type="checkbox"/>		S G L	Y N
	<input type="checkbox"/>		S G L	Y N
	<input type="checkbox"/>		S G L	Y N
	<input type="checkbox"/>		S G L	Y N

19. General discussion of your goals:

Four horizontal lines for writing the general discussion of goals.

20. Do you have any physical handicaps or diagnosed learning disabilities? If so, explain.

Four horizontal lines for explaining physical handicaps or learning disabilities.

21. Explain why you might have a hardship in attending college if you were not granted a scholarship and include any unusual family expenses or special circumstances.

Five horizontal lines for explaining college hardships and family expenses.

22. List two references:

Form for the first reference with fields for Name, Title, Email, and Phone.

Form for the second reference with fields for Name, Title, Email, and Phone.

Signature of Applicant

Signature of Parent/Guardian

Email completed application & transcript to: Scholarship@uticaenterprises.com

Or

Mail completed application & transcript to: Stefan Wanczyk, Director, 5750 New King Drive, Suite 200, Troy, MI 48098, Attention: HJV Scholarship

Please include official high school transcript (MANDATORY)

Late or incomplete applications will not be considered. Applications MUST be received by May 31, 2024