APPLICANT'S NAME	UMID #:

2024/25 ALUMNI LEGACY SCHOLARSHIP APPLICATION

FOR HIGH SCHOOL STUDENTS

University of Michigan Dearborn

DEADLINE: MARCH 4, 2024

Michigan-Dearborn Alumni Legacy Foundation 455 E. Eisenhower, Suite 102 Ann Arbor, MI 48108 (734) 882-4626 msanticchia@uhy-us.com (734) 882-4606 Fax

ALL SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED BY APRIL 12, 2024

THIS AWARD IS FOR TUITION ONLY

ACTIVITIES AND SERVICE		
APPLICANT'S NAME:	UMID #:	

List any extracurricular or leadership activities in which you have participated during high school or prior to enrollment at UM-Dearborn. Include any community, leadership, professional, and other activities in which you have participated which cause you to believe that you will assist in perpetuating the legacy of the UM-Dearborn tradition.

STATEMENT OF ACADEMIC/CAREER GOALS

Describe your future plans related to academic studies, career aspirations and the connection between the two. Please limit to 250 words.

STUDENT SIGNATURE FORM Your scholarship application will not be considered without the submission of this					
Print Last Name		First	MI	UMID#	
Address	City	State	Zip	e-mail address	
and/or its' financial rec	he Michigan-Dearbor representatives to e ords including financi	xamine my schol al aid awards	arship applic	ation, academic	
 I authorize the and/or its' financial recommender. I am aware the Dearborn Alumenton Alume	he Michigan-Dearbor representatives to e	xamine my schol al aid awards will be used to sup ion Scholarship. a privately funded y Foundation Scho cluding but not lin future promotion	arship applic pport my applic scholarship I larship to part nited to attent of scholarship	ation, academic cation for a Michie may be asked by icipate in stewards ling donor events os. <u>All</u> recipients	

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