

**Lenawee Youth Center, Inc.**  
**Maurice Spear Campus**  
2910 AIRPORT HWY.  
ADRIAN, MI 49221

**LENAWEE YOUTH CENTER SCHOLARSHIP APPLICATION**

**GENERAL INSTRUCTIONS**

- 1. Application and statements must be legible, filled out completely and include all required signatures.
- 2. Official high school and (if applicable) post-secondary transcripts are required. They may be photocopied.
- 3. Financial information is requested in the application to indicate financial need. This may be from the Free Application for Federal Student Aid (FAFSA), most recent tax information, employment status or other documentation identifying your resources.
- 4. Proof of acceptance to and enrollment in an accredited institution is required. It may be photocopied.
- 5. College admission test scores (ACT/SAT) should be included if available. They may be photocopied.
- 6. An essay by the applicant is required (see page 4 of application). This essay should be 150 words or less and explain the applicant's accomplishments, education, career goals and the applicant's plans to fulfill those goals.
- 7. Two letters of recommendation must be attached to the submitted application or sent to the Maurice Spear Campus Office. NOTE: One recommendation letter must be from a Maurice Spear Campus staff member.
- 8. The applicant must be willing to participate in a personal interview with the Lenawee Youth Center Scholarship Committee at a date/time to be mutually arranged.
- 9. For assistance contact the Maurice Spear Campus Office. Phone: 517-265-5171
- 10. Please submit completed application with attachments to:

**Maurice Spear Campus**  
**Attention: Scholarship Chairperson**  
2910 Airport Hwy.  
Adrian, MI 49221

**LENAWEE YOUTH CENTER SCHOLARSHIP APPLICATION**

**NAME** \_\_\_\_\_  
                                    **First**  **Middle**  **Last**  **Date**

**ADDRESS** \_\_\_\_\_  
                                    **Street**  **City**  **State**  **Zip**

**EMAIL** \_\_\_\_\_ **PHONE/CELL** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **EMPLOYED**     Yes     No

**EMPLOYMENT INFORMATION:**

Place of Employment	Position Held	Dates of Employment	Hrs. per week

**SCHOOL ATTENDANCE: (ninth through twelfth grades)**

Name of School	Date of Entrance	Period of Time

**SCHOOL OR COLLEGE CURRENTLY ATTENDING OR LAST ATTENDED:**

Name of School/College	Address/City, State, Zip Code

**SCHOOL OR COLLEGE FOR WHICH SCHOLARSHIP FUNDS ARE NEEDED:**

Name of School/College	Address/City, State, Zip Code

**YEAR IN COLLEGE/SCHOOL NEXT SEMESTER:**  Freshman  Sophomore  Junior  Senior

**DO YOU HAVE RELIABLE TRANSPORTATION TO ATTEND SCHOOL?**     Yes     No

**ACTIVITIES AND INVOLVEMENT IN THE COMMUNITY OR AT MAURICE SPEAR CAMPUS:  
FOR EXAMPLE - SCHOOL RELATED SPORTS, ORGANIZATIONS, HONORS IF APPLICABLE AND/OR  
CAMPUS ACTIVITIES SUCH AS RAKING LEAVES, FOSTER CHILDREN'S CHRISTMAS PARTY, DRUM  
CORP, ETC.**

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**CAMPUS INFORMATION:**

**DID YOU PARTICIPATE IN THE AFTERCARE PROGRAM?  YES  NO**

**WHAT PHASES DID YOU COMPLETE TO EXIT MAURICE SPEAR CAMPUS?**

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**DID YOU PARTICIPATE IN THE "NEXT STEP" (GOODWILL) PROGRAM?  YES  NO  
IF YES, PLEASE DESCRIBE YOUR INVOLVEMENT.**

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**DO YOU PLAN TO CONTINUE ANY VOLUNTEER WORK?  YES  NO  
IF YES, PLEASE EXPLAIN:**

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**FINANCIAL INFORMATION:**

**HAVE YOU COMPLETED THE FREE APPLICATION FOR FEDERAL STUDENT AID? (FAFSA)? (Circle one)  YES  NO**

(For additional information, log on to [fafsa.ed.gov](http://fafsa.ed.gov) and/or see attached "Federal Student Aid At A Glance")

**ARE YOU WILLING TO SECURE LOANS TO COMPLETE YOUR EDUCATION?  YES  NO**

**EXPENSES AND RESOURCES FOR THE FIRST SEMESTER/TERM OF THE HIGHER EDUCATIONAL INSTITUTION ATTENDING FOR YOUR POST-SECONDARY EDUCATION/TRAINING.**

**ESTIMATED EXPENSES:**

Tuition expense per semester or as designated by the institution. \$ \_\_\_\_\_

Please indicate any other expenses that may hinder your Educational success, i.e. child care, housing, auto, etc.

\$ \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES:** \$ \_\_\_\_\_

**RESOURCES:**

**Amount**

1. Personal/potential Savings \$ \_\_\_\_\_

2. Parental/family assistance \$ \_\_\_\_\_

3. Possible financial aid:

Grants \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

4. Scholarships \$ \_\_\_\_\_

5. Any other aid \$ \_\_\_\_\_

**TOTAL ESTIMATED RESOURCES** \$ \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES** \$ \_\_\_\_\_

**LESS ESTIMATED RESOURCES** \$ \_\_\_\_\_

**TOTAL NEED** \$ \_\_\_\_\_

**PLEASE INDICATE THE SPECIFIC DOLLAR AMOUNT YOU ARE REQUESTING FROM THE LENAWEE YOUTH CENTER SCHOLASHIP FUND:**

\$ \_\_\_\_\_

**GOALS/ESSAY**

**BRIEFLY STATE WHAT YOU LEARNED FROM YOUR MAURICE SPEAR CAMPUS EXPERIENCE:**

**INCLUDE A BRIEF ESSAY (150 WORDS MAXIMUM) DESCRIBING YOUR ACCOMPLISHMENTS, YOUR CAREER GOALS AND HOW YOU EXPECT TO FULFILL THOSE GOALS. INCLUDE YOUR PLANS FOR YOUR EDUCATION AND ENROLLMENT IN AN ACCREDITED POST SECONDARY INSTITUTION AND THE FIELD OF STUDY YOU WISH TO FOLLOW. ESSAY MAY BE INCLUDED IN THE SPACE BELOW, EXPAND TO BACK OF THIS PAGE OR BE ATTACHED AS A SEPARATE COPY TO THE APPLICATION.**

X \_\_\_\_\_

**Applicant Signature**

STATEMENTS/RELEASES

**STATEMENT OF APPLICANT -  
TO MAURICE SPEAR CAMPUS ADMINISTRATION AND SCHOLARSHIP COMMITTEE:**

I understand that this scholarship, if granted to me, is for pursuing the course of study at the higher education institution stated in this application. If for any reason my plans change before the beginning the school semester, I will inform the Maurice Spear Scholarship Committee in writing. At that time the Scholarship committee will have the right to reevaluate my application and revoke my scholarship.

I understand that failure to notify the Scholarship Committee of any changes in my post-secondary education/training plans will result in an automatic revocation of any scholarship assistance that I might have otherwise received.

I give permission to Maurice Spear Campus to release my high school grades and test scores to the Scholarship Committee.

DATE \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature (if student is not 18)

\_\_\_\_\_  
Student's Signature

**AGENCY RELEASE  
TO MAURICE SPEAR CAMPUS ADMINISTRATION:**

I hereby give my consent to the appropriate Maurice Spear Campus personnel and/or administration to discuss information pertinent to my scholarship application with the members of the Scholarship Committee of the Lenawee Youth Center, Inc. Board.

The purpose of this information is to assist the Committee in making a decision to fund, in whole, or part, a scholarship toward my pursuit of higher education.

I give my consent \_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian Signature (if student is not 18)

