Explanation of EMARSP Student Scholarship

What about the scholarship?

Four \$750.00 scholarships will be awarded to four deserving students who attend a public high school in Macomb County and who enroll at a Michigan college, university or trade school in the fall and successfully complete the first semester. Upon receipt of an official transcript from the college, university or trade school, a check will be mailed to the student, payable to him or her.

Who can apply?

Any student attending a Macomb County public high school.

Selection criteria: (listed in order of priority)

- 1. Financial Need
- 2. Scholastic performance
- 3. Extracurricular activities in school and the community
- 4. Written recommendations from at least 3 persons two from teachers and one personal.

Procedure for applying:

Completed application forms and recommendations must be received by March 31, 2025, at the following address:

EMARSP Scholarship Committee

c/o Carole Bannister

18877 Highlite Dr. S.

Clinton Township, MI 48035

All applications <u>received</u> by the **March 31, 2025 deadline** will be evaluated and the scholarships will be awarded to the candidates who have completed and have most closely met the selection criteria. The decision of the East Macomb Chapter of the Michigan Association of Retired School Personnel Executive Board shall be considered final.

STUDENT APPLICATION FOR EMARSP SCHOLARSHIP

Name		
Address (number/street)	(City/Twp)	(zip)
Phone/cell		
Email		
Date of Birth		
High School		
Date of Graduation	Grade Point Av	erage
Please submit the following to the EMARSP Scholoconfidential)	arship Committee: (all info	ormation is kept
1. Three (3) character references		
2. High school transcript and any college	courses completed	
3. A biographical statement of no more t	han 300 words, including:	
a. Educational background		
b. Financial need		
c. Your educational and career go	pals	
d. Extracurricular activities in scho	ool and in the community	
e. Other pertinent information ab	out yourself	
Are you currently employed? Where?		
How many days/hours per week/wage		
Name and address of current employer		
Position held		
Parents/guardians		
Occupation: (father) (mother)) (guar	dian)
Parent's/guardians combined income:		

Number of siblings (Older)	(Younger)	Any who have attended or are currently
attending college/university		
Have you been awarded any oth	er scholarships?	
From whom?		
State, briefly, your educational p	lans:	

EMARSP Scholarship Committee

Please submit this application form and 300 word or less biographical statement to:

% Carole Bannister

18877 Highlite Dr. S.

Clinton Township, MI 48035

All forms must be received no later than March 31, 2025.

EAST MACOMB CHAPTER OF

MICHIGAN ASSOCIATION OF RETIRED SCHOOL PERSONNEL

Recommendation form

To: (person making recommendation/title)
I,(student's name) , have applied for a
scholarship from the East Macomb Association of Retired School Personnel for the fall term a (Michigan college, university or trade
school).
Please complete this form on my behalf and send it to:
EMARSP Scholarship Committee
c/o Carole Bannister
18877 Highlite Dr., S.
Clinton Township, MI 48035
Some of the criteria that will be considered in granting me this scholarship will be financial need, scholastic performance, and extracurricular activities. Please use a separate sheet of paper or the back of this form for your comments.
Thank you, (your name)
Name and address of person making this recommendation (please print)
Phone/cell
Email
This form and recommendation letter must be received at the above address no later than
March 31, 2025.