

# 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 2025

### PLEASE READ AND COMPLETE THIS APPLICATION IN ITS ENTIRETY

1. Name of applicant: \_\_\_\_\_

2. Complete Address: City, State, Zip \_\_\_\_\_

3. Phone: (Student) \_\_\_\_\_ (Alternate) \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Last 4 digits Social Security No: \_\_\_\_\_

7. High School Attending: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

8. Sponsor (Teacher/Principal): \_\_\_\_\_

9.

GPA	ACT Composite Score	SAT Composite Score

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

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13. Who is your role model and why?

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14. Name of BOTH parents and / or guardian:

<i>If deceased, state year:</i>	<hr/>	<hr/>	<hr/>
Occupation:	<hr/>	<hr/>	<hr/>
Firm/corporation/institution:	<hr/>	<hr/>	<hr/>
<b>Annual family income from all sources/both parents (mandatory)</b>	<hr/>	<hr/>	<hr/>
Total number of siblings:	<hr/>		
Number of siblings currently attending college:	<hr/>		

15.	College/University you plan on attending	Amount of Tuition	Room & Board <small>(if applicable)</small>	Other	Total
					0.00
					0.00

Intended major: 

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16. Amount of money available to you for tuition from:

Parent / Guardian: 

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 Your contribution: 

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 Other: 

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17. Will you be receiving the Michigan Merit Scholarship Award? 

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

Name of Scholarship Grant or loan	Applied? Y or N	Amount Received	Type (Scholarship, Grant or Loan)	Renewable? Y or N

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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.

Three 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.

Seven horizontal lines for explaining hardships in attending college.

22. List two references:

Reference A: A. followed by four horizontal lines for listing the first reference.

Reference B: B. followed by four horizontal lines for listing the second reference.

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, 2025