

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

APPLICANT'S NAME: _____

UMID #: _____

REQUIRED APPLICATION MATERIALS

ALL SCHOLARSHIP APPLICANTS MUST SUBMIT:

- Completed scholarship application form, including the Personal Statement of Academic and Career Goals and Student Signature Form.**
- Official transcripts of all academic work completed**
- Two letters of recommendation, one of which must be from a teacher (NOT AN ADMINISTRATOR) who is familiar with the student's academic ability. The other recommendation may be from a member of the community, a professional acquaintance, community leader, etc. Requirements for the recommenders are enclosed and the letters must be submitted with the application.**
- A letter of nomination written by the UM-Dearborn alumnus/a with whom the familial relationship exists (e.g. spouse, child, sibling, grandchild). Letter should include the graduate's relationship to the applicant. Why nominator feels the applicant should receive the scholarship.**

It is the applicant's responsibility to make certain that all required materials, including letters of nomination and recommendation, are received by the Foundation Representative (Member) by the posted deadline date. MATERIALS RECEIVED AFTER THE DEADLINE DATE ARE CONSIDERED LATE AND WILL NOT BE USED IN CONSIDERATION FOR A SCHOLARSHIP. ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED.

SPECIAL NOTES:

1. All correspondence will be sent via email to the student's e-mail address listed below
2. Scholarship could affect your financial aid award
3. Applicants must meet scholarship requirements set by U of M Dearborn
4. Applicants must be a U.S. high school student

Application Instructions:

Complete the application and Personal Statement of Academic and Career Goals. Obtain written recommendations and letter of nomination. All documents must be received by the Foundation Representative (Member) by **MARCH 4, 2024**.

Last Name	First	M.I.	UMID #		
<hr/>					
Address	City	State	Zip	Telephone #	e-mail

Please list the name of the UM-Dearborn alumnus with whom you have a familial relationship.

Last Name	Maiden	First	M.I.	UMID #
<hr/>				
Graduation Date	School/College/Unit		Relationship to Applicant	

APPLICANT'S NAME: _____

UMID #: _____

ACTIVITIES AND SERVICE

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.

2024/25 ALUMNI LEGACY SCHOLARSHIP RECOMMENDATIONS

Students are responsible for submitting two letters of recommendation. One of the letters of recommendation must be from a teacher (NOT AN ADMINISTRATOR) who is familiar with the student's academic ability and other accomplishments. The other recommendation may be from a member of the community, a professional acquaintance, community leader, etc.

STUDENTS: Best recommendations are provided by individuals who have an academic, working or volunteer relationship with you.

TO THE RECOMMENDING PARTY: Candidates for scholarships will be selected according to criteria based on academic records, recommendations, and the students' statement of goals. *Recommendations must be submitted with the student application. Late recommendations will not be considered and the student's application will be disqualified.*

DEADLINE: MARCH 4, 2024

Scholarship Recommenders Should Provide This Information:

- Student's First and Last Name and UMID#
- How long and in what capacity you have known the student
- Student's strengths/limitations
- Elaboration on student's accomplishments/personal qualities related to scholarly achievement

It is preferred that letters be submitted on organization letterhead when available.

Letters must include the author's signature (a scanned signature in the letter is acceptable).

APPLICANT'S NAME: _____

UMID #: _____

STUDENT SIGNATURE FORM

Your scholarship application will not be considered without the submission of this form.

Print Last Name	First	MI	UMID#	
Address	City	State	Zip	e-mail address

By signing this form:

- I authorize the Michigan-Dearborn Alumni Legacy Foundation Scholarship Committee and/or its' representatives to examine my scholarship application, academic and financial records including financial aid awards
- I am aware that these documents will be used to support my application for a Michigan-Dearborn Alumni Legacy Foundation Scholarship.
- I understand that by applying for a privately funded scholarship I may be asked by the Michigan-Dearborn Alumni Legacy Foundation Scholarship to participate in stewardship activities with private donors including but not limited to attending donor events or telling my story to be used in future promotion of scholarships. All recipients of privately funded scholarships will write a thank you letter to the Legacy Foundation, prior to funds being disbursed.

Signature	Date
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Please mail completed application to:

Mike Santicchia
455 E. Eisenhower, Suite 102
Ann Arbor, MI 48108

msanticchia@uhy-us.com