

Make a Change, Save a Life Scholarship

(1) \$500.00 Award 2011-12

Please complete this form and return to the address at the bottom of this application no later than April 1st.
To be considered you must submit all required information by this date.

BIOGRAPHICAL INFORMATION

NAME: (First) _____ (Middle) _____ (Last) _____

DOB: _____ ADDRESS: _____

City _____ State _____ Zip _____

TELEPHONE: _____ CELL: _____

NAME OF PARENT: _____

EMAIL ADDRESS: _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL: _____ LOCATION: _____

DATE OF HIGH SCHOOL GRADUATION: _____

NAME OF PRINCIPLE: _____

WHAT TWO-OR FOUR-YEAR COLLEGE, UNIVERSITY, OR VOCATIONAL-TECHNICAL SCHOOL ARE YOU ATTENDING IN THE FALL: _____

HIGH SCHOOL CUMULATIVE GPA: _____ On a scale of: _____

RANK IN CLASS: _____ Out of how many? _____

HONORS/AWARDS: (PLEASE be specific)

ACADEMIC HONORS:

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ACTIVITIES/SPORTS HONORS:

OTHER NOTEWORTHY HONORS:

TRAFFIC SAFETY RELATED COMMUNITY SERVICE (must complete a total of 20 hours)

(Briefly list the events/organizations you participated in including hours)

Event/Organization: _____

Hours: _____

Supervisor/Person in charge of event/organization: _____

Event/Organization: _____

Hours: _____

Supervisor/Person in charge of event/organization: _____

Event/Organization: _____

Hours: _____

Supervisor/Person in charge of event/organization: _____

Event/Organization: _____

Hours: _____

Supervisor/Person in charge of event/organization: _____

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PROFESSIONAL ASPIRATIONS AND PERSONAL STATEMENT:

(This professional aspirations/personal statement is to be included on a separate sheet of paper with this application – please limit your response to one page.)

Provide a brief statement of your educational and career goals and experiences, as well as your professional aspirations. Indicate in which area(s) of study you are considering making your career, and specify how you're current academic program and your overall educational plans will assist you in achieving your goal.

Checklist: Did you include or arrange for the following?

- A. Scholarship application.
- B. Letter of recommendation from a high school teacher, guidance counselor, principal or vice-principal. If the letter is submitted by a teacher or guidance counselor, it must be co-signed by the principal or vice-principal and be written on school letterhead.
- C. A complete, official, school-issued high school transcript of grades. If for some reason this is not available (as in the case of a three-year graduation program), submit a letter of explanation. Unofficial transcripts will NOT be accepted.
- D. A copy of an acceptance letter from an approved college or university.
- E. Completion of 20 hours from traffic safety events.
- F. A personal statement.
- G. Copy of your driving record.
- H. Proof of attendance with successful completion to UDriveSafe Driving Academy, Inc. Segment One.
- I. A stamped, self-addressed envelope.

Please mail completed form along with other required information to:

UDriveSafe Driving Academy, Inc.
ATTEN: Make a Change, Save a Life Scholarship
P.O. Box 116
Croswell, MI 48422

You may send application via certified mail, but this is not required. NO FAXES.

APPLICATIONS RECEIVED AFTER APRIL 1 WILL NOT BE ACCEPTED