

ROBERT W. HEMELGARN MEMORIAL SCHOLARSHIP

CRITFRIA:

- 1. Applicant must be a graduating student of Mason High School.
- 2. Scholarship is applicable to all further educational endeavors at any four-year college, two-year college, technical or vocational school.
- 3. Recipient will be chosen by officers of the Robert W. Hemelgarn Memorial Scholarship.
- 4. Applicant may or may not be called for a personal interview.
- 5. This scholarship will award \$500 (five hundred dollars) to the recipient at the annual Honor's Banquet.
- 6. Scholarship funds will be deposited in recipient's account at the designated institute of learning upon completion of a successful first semester.



SCHOLARSHIP APPLICATION

List the local scholarship that this application should be considered for: Name: _____ Address: _____ State ___ Zip ____ Parent/Guardian Name(s): Office use ONLY Cumulative G.P.A. List Organizations, Offices held, etc. How many High school years only: Years Office Held Awards 1) ______ 4) _____ ___ _____ 7) ______ ___ _____ School Honors: (Valedictorian, Top 10, Homecoming queen, etc.) Community Service:

A a later construction (Construction)	Years	
Achievement: Sport(s)	•	
1)		
2)	The control of the co	
3)		
4)		
5)		
Work Experience:	Years	Responsibilities
1)		
2)		
3)		
Hobbies:		Awards
1)		
2)	Marie Control of the	
2) 3)	AND THE RESIDENCE AND THE PROPERTY OF THE PROP	
3) 4)		
College Plans: College		Major
1) 2)		
1)	-	
2) References:	-	
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- Additional pages may be attached with pertinent information.
- Attach all required documentation for which you are applying (ex: essays, transcripts)

The Mason Consolidated School District does not discriminate on the basis of race, color, national origin, gender, age, disability, height, weight or marital status in its programs, services and activities. The Superintendent of schools has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent, 2400 Mason Eagles Drive, Erie, Michigan, 48133, or call (734) 848-9304.