

**St. Michaels High School**  
**Alumni Association Scholarships**

St. Michaels High School Alumni Association  
P.O. Box 538; St. Michaels, MD 21663

***Return the completed application to  
Mr. Burkhardt no later than February 19, 2025***

**BIOGRAPHICAL INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

\_\_\_\_\_  
Father (or Guardian) Name

\_\_\_\_\_  
Mother (or Guardian) Name

\_\_\_\_\_  
Father (or Guardian) Occupation & Employer

\_\_\_\_\_  
Mother (or Guardian) Occupation & Employer

Besides you, do your parents have additional dependents? \_\_\_\_\_ How many? \_\_\_\_\_

## EDUCATIONAL INFORMATION

College/Trade School Attendance Plan:      Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Name of colleges/trade schools that you applied to (mark whether or not you have been accepted next to each): \_\_\_\_\_

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Which school do you hope to attend: \_\_\_\_\_

Intended Major: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ Class Rank: \_\_\_\_\_

### **In addition to the completed application, please provide the following:**

- official transcript
- resume/activity sheet
- a paragraph (or more) describing your Career Goals
- a paragraph (or more) detailing why you think you should receive this scholarship
- any other information you think would be beneficial for the committee to know (special circumstances, etc.)