

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): _____

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.)