



community foundation

Muskegon County

For good. For ever.

Community Foundation for Muskegon County



MISS MICHIGAN SCHOLARSHIP PAGEANT, INC. Non-endowed Scholarship Fund

Scholarship Information and Acceptance Form

(please print and fill in ALL information)

Name _____

Home Address _____

City/State _____ Zip _____

Phone _____ Email _____

Social Security No. _____ Student ID No. _____

College/University _____

Address _____

City/State _____ Zip _____

Phone _____

Name of Award _____ Amount \$ _____

Name of Award _____ Amount \$ _____

Name of Award _____ Amount \$ _____

I wish to accept this scholarship award and I agree to the following terms and conditions:

- 1. I have read and understand the Miss Michigan Scholarship Pageant, Inc. Non-endowed Scholarship Policies.
2. I have used all pageant scholarships awarded at the local level.
3. I have enclosed an official transcript and a statement/invoice from my educational institution that shows a balance due in excess of the award I am requesting. No payment of student loans is allowed.
4. If I interrupt my education during the terms of the academic year, I am aware that my scholarship award will be terminated.
5. I will furnish the Community Foundation for Muskegon County with additional information upon request.

Name (please print) _____

Date _____ Signature _____