

# Michigan Fraternal Congress

AFFILIATED WITH THE NATIONAL FRATERNAL CONGRESS OF AMERICA



## MICHIGAN FRATERNAL CONGRESS COLLEGE SCHOLARSHIP PROGRAM

Two (2) \$500.00 non-renewable College Scholarships shall be awarded each year. The Michigan Fraternal Congress Scholarship Committee will use their discretion in selecting the honorees that are chosen. The Scholarship recipients are subject to approval of the Executive Board.

### RULES AND REGULATIONS

Applications are open to young men and women who are residents of Michigan, insured members and active participants of a Fraternal Benefit Society that is a current paid member of the Michigan Fraternal Congress.

1. Applications are open to young men and women who are residents of Michigan, insured members and active participants of a Fraternal Benefit Society that is a current paid member of the Michigan Fraternal Congress.
2. Candidates shall be graduating high school seniors who are planning to enroll in the fall as a full-time student (minimum 12 credit hours) in an accredited two or four-year College, university or trade school.
3. A check in the amount of \$500.00 shall be issued in the name of the recipient following receipt of the proof of enrollment which must be received by November 1<sup>st</sup> 2010. The money is to be used for tuition and books only.
4. There is no limit to the number of applicants from any one fraternal group or society.
5. A certificate, provided by the Michigan Fraternal Congress, is to be presented at the High School Awards or commencement exercises, if possible or at the Annual MFC Meeting Banquet.

### SELECTION CRITERIA

1. Applicants must have a minimum Grade Point Average (G.P.A.) of 2.5 out of a 4.0. A transcript request form must be filled out and sent along with an official high school transcript (with affixed seal by the deadline).
2. An essay (maximum 100 words) will be submitted detailing volunteer activities that the individual has participated in, including dates, with their Fraternal Benefit Society and/or the Michigan Fraternal Congress.

Submit applications to Barbara Toboy, Scholarship Chairperson, Michigan Fraternal Congress, 1093 Poplar Ct, Wyandotte MI 48192 and postmarked by April 1<sup>st</sup>. The winner will be notified by May 1<sup>st</sup>.

Forms are also available on our web site: [MIFRATERNALCONGRESS.COM](http://MIFRATERNALCONGRESS.COM)

"JOINING HANDS TO TOUCH LIVES BY GROWING TOGETHER"

**MICHIGAN FRATERNAL CONGRESS  
SCHOLARSHIP APPLICATION**

(Must be postmarked by April 1<sup>st</sup> – TYPE or PRINT all information LEGIBLY)

**PERSONAL INFORMATION** -----

Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Phone No: \_\_\_\_\_

**EDUCATIONAL INFORMATION** -----

High School now attending	Location
_____	

Date of Graduation: \_\_\_\_\_

\_\_\_\_\_

Name of Accredited College, University or Trade School you will attend:

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FRATERNAL BENEFIT SOCIETY INFORMATION** -----

Name of Fraternal Benefit Society:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Membership: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**APPLICATION DEADLINE – APRIL 1ST**

**ESSAY (maximum 100 words)**

**Please detail volunteer activities you participated in, including dates, with your Fraternal Organization and the Michigan Fraternal Congress.**

**I hereby certify that this application contains no misstatements or omissions of material facts and that I will comply with the regulations of the Michigan Fraternal Congress pertaining to its Scholarship if this application is accepted.**

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MICHIGAN FRATERNAL CONGRESS  
HIGH SCHOOL/SECONDARY SCHOOL TRANSCRIPT REQUEST FORM**

**STUDENT SECTION:**

Please fill in the information below and submit this form to your Guidance Counselor.  
Submit an official transcript of high school records, **with affixed seal**, and S.A.T. or A.C.T. scores.

**This form and the official transcript must be returned to Barbara Toboy, Scholarship Chairperson, Michigan Fraternal Congress, 1093 Poplar, Wyandotte MI 48192 by the deadline April 1<sup>st</sup>.**

Name: \_\_\_\_\_  
Student's full legal name – last name first

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

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone No: \_\_\_\_\_

School Address: \_\_\_\_\_  
City/State Zip

**COUNSELOR SECTION: (Complete sections that apply)**

This is to certify that \_\_\_\_\_  
(Student's name)

has attended the above named school from \_\_\_\_\_ to \_\_\_\_\_  
(month and year) (month and year)

Expected Graduation Date: \_\_\_\_\_

This candidate ranks \_\_\_\_\_ in a class of \_\_\_\_\_

Cumulative G.P.A. \_\_\_\_\_ through \_\_\_\_\_ semesters.

**RECOMMENDATION by Counselor/Instructor**

Any comments regarding this student's academic promise, character and personal promise.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor/Instructor \_\_\_\_\_ Date \_\_\_\_\_  
Signature & Title