

January 20, 2020

Dear Member Fraternal Benefit Society/Past Delegate:

Enclosed is the application for the 2020 Michigan Fraternal Alliance Scholarship. If you know someone from your Fraternal who resides in Michigan, is graduating from high school and is planning to enroll in the fall as a full-time student in an accredited two- or four-year college, university or trade school, please give him or her the forms enclosed.

If additional copies are needed you may copy the forms or contact me for additional ones.

The Rules and Regulations and Selection Criteria as set by the Michigan Fraternal Alliance Executive Committee will be strictly adhered to.

All forms associated with the Scholarship application along with the Rules and Regulations and Selection Criteria are available on the Michigan Fraternal Alliance Website at www.michiganfraternalalliance.org.

Fraternally yours,

Jacquelynn Villareal

Jacquelynn Villareal, Recording Secretary
Michigan Fraternal Alliance
4124 Bay City Road
Midland, MI 48642-6014
Web site: www.michiganfraternalalliance.org
Phone: (989) 496-2184
E-Mail: jvillareal@charter.net

Committee Members: *Tim Schafer, Catholic Order of Foresters (Chair)*
Richard Karpinski, Polish Falcons of America
Jacquelynn Villareal, Woman's Life Insurance Society
Sally Stoll, Western Fraternal Life
Robert Ladiski, Western Fraternal Life

MICHIGAN FRATERNAL ALLIANCE COLLEGE SCHOLARSHIP PROGRAM

Two (2) \$500.00 non-renewable College Scholarships shall be awarded each year. The Michigan Fraternal Alliance 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 Alliance.

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 Alliance.
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 13, 2020**. 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 Alliance, is to be presented at the High School Awards or commencement exercises, if possible, or at the Annual Michigan Fraternal Alliance 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 of April 3, 2020.**
2. Tell us in essay form (minimum of 100 words) your volunteer activities that you have participated in, including dates and total hours, with your Fraternal Benefit Society and/or the Michigan Fraternal Alliance.

Submit applications to Jacquelynn Villareal, Secretary, Michigan Fraternal Alliance, 4124 Bay City Road, Midland, MI 48642-6014 and MUST BE POSTMARKED BY THE APRIL 3rd, 2020 deadline. The winner will be notified by May 1st.

Forms are also available on our web site: www.michiganfraternalalliance.org

**MICHIGAN FRATERNAL ALLIANCE
SCHOLARSHIP APPLICATION**

(MUST BE POSTMARKED BY APRIL 3rd, 2020 – TYPE or PRINT all information LEGIBLY)

PERSONAL INFORMATION

Name: _____ E-mail address: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ 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 – MUST BE POSTMARKED BY APRIL 3rd, 2020

ESSAY (Minimum of 100 words)

Please detail, in essay/paragraph form, your volunteer activities that you have participated in, including dates and total hours, with your Fraternal Benefit Society and/or the Michigan Fraternal Alliance. Also include how the volunteerism has affected you.

**MICHIGAN FRATERNAL ALLIANCE
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 Jacquelynn Villareal, Secretary, 4124 Bay City Road, Midland, MI 48642-6014 and MUST BE POSTMARKED BY APRIL 3rd, 2020 deadline.

Name: _____
Student's full legal name – last name first

Address: _____

Date of Birth: _____ Gender: Male _____ Female _____

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