**Kimberly A. Knoblauch MEMORIAL SCHOLARSHIP**

**Sponsored by the Blissfield Athletic Boosters**

**ELIGIBILITY**

1. The candidate must be a graduating senior from Blissfield High School
2. The candidate must be accepted for attendance at an accredited community college or a baccalaureate degree granting institution of higher education (no major required).
3. The candidate must have a 3.0 or higher GPA.
4. **The candidate must have earned at least one varsity athletic letter from Blissfield.**
5. The candidate should display one or more of the following: scholastic achievement, leadership abilities, or evidence of extracurricular accomplishments. In addition, the candidate should show evidence of community involvement (i.e. church youth programs, 4-H, community outreach, etc).

**SCHOLARSHIP DETAILS**

1. The amount of the scholarship will be $750 per year for two years ($1,500.00).
2. The scholarship will be paid jointly to the student and the institution based upon payment criteria and the participating post-secondary institution.

**GENERAL INSTRUCTIONS**

1. Application and statements must be typed-written or computer generated and signed where required.
2. Official high school transcripts are required from the beginning of the 9th grade through the due date of the application. Transcripts may be photocopied as long as the school authorizes it.
3. The applicant shall prepare a signed 500-word essay on the following subject:

Please tell us your career goals and how your experiences in high school have prepared you to achieve these goals. Please include the name of the college you will be attending and the major you plan to study

1. The application should be prepared and arranged in the following order:

a. Completed and signed application

b. Applicant's Essay (see #3)

c. High school transcripts

1. **Deadline for submitting the application is March 20, 2020**.

**Mail or deliver to:** Blissfield High School Counseling Office 630 S. Lane Street Blissfield, MI 49228

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The Kimberly A. Knoblauch Memorial Scholarship is an annual scholarship which was established in 2004 by the Blissfield Athletic Boosters. A scholarship in the amount of $1,500.00 will be awarded to a candidate accepted for attendance at an accredited college or baccalaureate degree granting institution of higher education.

**APPLICATION**

DATE:

Student’s Full Name: Mr./Ms.

Student’s Address Phone Street

 City State Zip

Date & Place of Birth Citizenship

Schools attended (ninth through twelfth grades) Attached transcripts

Date of high school graduation Number in Class Rank in Class

**ACTIVITIES AND INVOLVEMENT**

**SCHOOL RELATED ACTIVITIES AND INVOLVEMENT**

**Varsity Athletic Letters Earned (Sport & Years)**

Organization (state name of organization, year, and if an office was held).

Example: Debate Team 3, 4. Captain Baseball 4

Honors and Awards (state year and nature of honor or award).

**NON-SCHOOL RELATED ACTIVITIES AND INVOLVEMENT**

Organization (state name of organization, year, and if an office was held). For example: Church youth group 1, 2

Honors and Awards (state year and nature of honor or award)

**ENROLLMENT IN COLLEGE**

State your enrollment status in a community college or baccalaureate degree granting institution of higher education. Please indicate the field you plan to study.

**EMPLOYMENT**

Positions held in gainful employment, periods of employment and average time employed each week, etc.

**STATEMENT OF APPLICANT**

I understand that this Scholarship, if granted to me, is for pursuing a course of study at a college or baccalaureate degree granting institution. If for any reason my plans change, I will inform the Blissfield Athletic Boosters by letter. At that time the Boosters will have the right to reevaluate my application and revoke my Scholarship. I also understand that failure to notify the Boosters of any change in my college plans will result in automatic revocation of any Scholarship that I might have otherwise received. I understand that the Boosters may publish my name and photograph if I am awarded this Scholarship.

Student Application Signature Date

I give permission to release my high school grades to the Scholarship selection committee.

Signature of Applicant