

# Old Rosedale Gardens Homeowners Association College Scholarship Form

All application materials must be received by May 15th. The winner will be announced in the monthly newsletter. One \$500 scholarship will be awarded.

### To be eligible for this scholarship:

- You must currently be a high school senior
- You must have resided in Old Rosedale Gardens for at least one year as of April 1st
- Your family must be a contributor to Old Rosedale Gardens Homeowners Association
- You must have a grade point average of 3.2 or higher

To be completed by applicant. Please type or print neatly

• You must have participated in at least one service/volunteer activity during your junior or senior year of high school. \*

# Applicant name: Phone Number: Address: Name of college(s) to which you have been accepted: Name of college(s) to which you have applied but have not yet been accepted:



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Service/volunteer activity that you participated in during your junior or senior year of high school:		
* Applicants can still complete their service requirement by v have any questions, contact Barb Matthei at (734) 421-6821.	olunteering for the ORGHA Spring Cleanup. If you	
Parent/Guardian names:		
If I am awarded a scholarship, I will notify the committee rejection of the award.	e within ten days, in writing, of my acceptance or	
If circumstances prevent me from entering college, I will	notify the committee immediately.	
Applicant signature:	Date:	
Parent/Guardian Authorization		
I have checked this form for omissions and errors. To the complete and correct.	best of my knowledge, the information is	
Parent/Guardian signature:	Date:	

Submit the completed form by **May 15th** to: ORGHA Attn: Scholarship Committee P.O. Box 51186
Livonia, Michigan 48151



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The below page should be completed by the applicant's high school counselor and submitted to ORGHA along with an official transcript

Name of Applicant:		
Student's GPA:		
Compared to other students at this High School, this student's curriculum is:		
Most Demanding Demanding	Average	Not Demanding
High School name:		
High School address:		
Counselor name (print):		
Counselor signature:		Date:

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