

# THE JANET MCDOWELL LENAWEE COUNTY DEBATE LEAGUE SCHOLARSHIP

## **ELIGIBILITY**

1. The candidate must be a graduating senior from a Lenawee County high school.
2. The candidate must have participated in the Lenawee County Debate League and have a 3.0 or better GPA.
3. The candidate must be accepted for attendance at an accredited community college or baccalaureate degree-granting institution of higher education. (Not restricted to Michigan colleges.)

## **OTHER CONSIDERATIONS**

1. The amount of the scholarship will be \$1,000.
2. The scholarship will be paid jointly to the student and the institution based upon payment criteria at the participating post-secondary institution.

## **GENERAL INSTRUCTIONS**

1. Applications and statements must be typewritten and signed in all instances.
2. Official high school transcripts are required from the beginning of the 9th grade up to the due date of the application.
3. College admission test scores (ACT) are required to be attached.
4. The applicant shall prepare a brief essay on their debate experience and what they received from the experience.
5. The application should be prepared and arranged in the following order:
  - a. Completed and signed application
  - b. Applicant's essay (see #4)
  - c. High school transcripts
  - d. College admission test scores (ACT)
7. Deadline for submitting the application is the second Friday in March.

**Mail or deliver to:** Lenawee County Education Foundation  
Attention: Janet McDowell  
4107 N. Adrian Highway  
Adrian, MI 49221



**NON-SCHOOL RELATED ACTIVITIES & INVOLVEMENT**

Organization: Please state name of organization, year and if an office was held. For example: Church youth group, scouting, etc. State only major activities. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**PLANS FOR ENROLLMENT**

State your enrollment status in an accredited public or private post secondary institution. Please indicate the field you wish 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 the college or university stated in the application. If for any reason my plans change, I will inform the Trustees by letter. At that time the Trustees will have the right to reevaluate my application and revoke my Scholarship.

I also understand that failure to notify the Trustees of any change in my college plans will result in automatic revocation of any Scholarship that I might have otherwise received from the Trust.

I understand that the LISD may publish my name and photograph if I am awarded this scholarship.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Student Applicant Signature

I give permission to release my high school grades and test scores and college grades to the Scholarship selection committee.

\_\_\_\_\_  
Signature of Applicant