

PAULINE AND SEBASTIAN PIZAÑA MEMORIAL SCHOLARSHIP

ELIGIBILITY

1. The candidate must be a graduating senior from a Lenawee County School.
2. The candidate must be accepted for attendance at a private or public college or university.
3. Members of the Pizaña family and their descendents are not eligible for the scholarship.

OTHER CONSIDERATIONS

1. This scholarship is for one year in length.
2. The amount of the scholarship is expected to be \$1,000.00 annually.
3. Candidates should demonstrate a commitment to educational and career development, leadership abilities and evidence of community involvement.
4. The scholarship will be paid jointly to the student and the institution, with one half payment being made each semester, providing the student continues her/his formal education into the second semester.

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. Transcripts may be photocopied provided it is authorized by the school.
3. College admission test scores are required to be attached and also may be photocopied.
4. In addition to the application, each candidate must submit a typewritten essay, 200-300 words in length, on the following topic, **“How will my education contribute to the betterment of my community?”**
5. A letter of recommendation from a high school counselor, community member or other educator must accompany the application.
6. The application should be prepared in the following order:
 - a. Application form
 - b. Applicant’s essay
 - c. Transcripts
 - d. College Admissions test scores
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

PAULINE AND SEBASTIAN PIZAÑA MEMORIAL SCHOLARSHIP

The Pauline and Sebastian Pizaña Memorial Scholarship is an annual scholarship that was established in 2003. The scholarship is to be awarded to a Lenawee County High School senior who has shown academic excellence, leadership and a commitment to community involvement.

APPLICATION 

Date _____

Student's Full Name: Mr. Ms. _____

Student's Address _____ Tel _____

Schools attended (ninth through twelfth grade)

Name of School	Date of Entrance	Period Attended
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Graduation Date _____ Number in Class _____ Rank in Class _____

ACTIVITIES AND INVOLVEMENT 

SCHOOL RELATED ACTIVITIES AND INVOLVEMENT

Organization: Please state name of organization, year, and if an office was held.

Example: Spanish Club 3,4 President 4. State only major activities.

Honors and Awards (State year and nature of the Award:

NON-SCHOOL RELATED ACTIVITIES AND INVOLVEMENT

Organization: Please state name of organization, year and if an office was held.

Example: Habitat for Humanity, Migrant Summer Programs. State only major activities.

PLANS FOR COLLEGE ENROLLMENT

State your plans for enrollment in an accredited public or private post secondary institution. Please indicate the field you wish to study.

EMPLOYMENT

Place of Employment	Period of Employment	Position	Hours/week
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Place of Employment	Period of Employment	Position	Hours/week
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Place of Employment	Period of Employment	Position	Hours/week
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ESSAY

On a separate paper, you must submit a typewritten essay, 200-300 words in length, on the following topic, **“How will my education contribute to the betterment of my community?”**

STATEMENT OF APPLICANT

I understand that this scholarship, if granted to me, is for pursuing the course of study at the college or university stated in this application. If for any reason my plans change before the beginning of my freshman year, I will inform the Trustees by letter. At that time, the Trustees will have the right to reevaluate my application and possibly 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 otherwise receive from the Trust.

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

DATE: _____

Parent's Signature (If student is not 18)

Student Applicant Signature

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

Signature of Applicant