

THE JAMES J. ROBIDEAU MEMORIAL SCHOLARSHIP

ELIGIBILITY

1. The candidate must be a graduating senior from a public or private high school in Lenawee County. .
2. The candidate must be accepted for attendance at an accredited community college or accredited baccalaureate degree-granting institution.
3. The candidate must have a 3.0 or greater grade point average.

OTHER CONSIDERATIONS

1. Financial need can be a part of the consideration.
2. This scholarship will be for one year in length, nonrenewable of \$1,000 paid jointly to the student and the institution with one-half payment being made at the beginning of each semester.

GENERAL INSTRUCTIONS

1. Applications and statements must be typewritten or computer generated 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 the school authorizes it.
3. The applicant shall prepare a signed 200 word essay on the topic of the applicant's goals and why they wish to attend the institution.
4. One letter of recommendation from a non-family member.
5. The application should be prepared and arranged in the following order:
 - a. Completed and signed application.
 - b. Applicant's essay (see #3)
 - c. One letter of recommendation (see #4)
 - d. High school transcripts
6. 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

JAMES J. ROBIDEAU
MEMORIAL SCHOLARSHIP

The James J. Robideau Scholarship is an annual scholarship established in 2009. The scholarship is to be awarded to a Lenawee County high school graduating senior.

APPLICATION

DATE: _____

Student's Full Name: Mr. _____ Ms. _____

Student's Address _____ Phone _____
Street Area/Number

Date & Place of Birth _____ City _____ State _____ Zip _____
Citizenship _____

Schools attended (ninth through twelfth grades) Attach Transcripts

Name of School	Date of Entrance	Period Attended
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Name of School	Date of Entrance	Period Attended
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Date of anticipated high school graduation _____

ACTIVITIES AND INVOLVEMENT

SCHOOL RELATED ACTIVITIES AND INVOLVEMENT

Organization: Please state name of organization, years participated, and offices held.

Honors and Awards - state year and nature of honor or award.

CIVIC RELATED ACTIVITIES AND 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).

ENROLLMENT IN COLLEGE

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

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, 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: _____

Parent's Signature (If student is not 18)

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