

# GARY KREUZ MEMORIAL SCHOLARSHIP

## **ELIGIBILITY**

1. The candidate must be a graduate from a public or private high school in Lenawee County.
2. The candidate must be accepted into a qualified physical therapy program.
3. The candidate must possess qualities consistent with those of Gary Kreuz.

## **OTHER CONSIDERATIONS**

1. The scholarship will be one-year in length.
2. The amount of the scholarship will be \$2,000.
3. One-half payment will be made each semester providing the student continues his/her education into the second semester.

## **GENERAL INSTRUCTIONS**

1. Applications and statements must be typewritten and signed in all instances.
2. Official high school and college 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. College admission test scores (ACT) are required to be attached and also may be photocopied.
4. The application should be prepared and arranged in the following order:
  - a. Completed and signed application
  - b. Essay - a concise one-page typed and signed statement to include the following:  
Discuss his/her goals in the physical therapy field and relate how past, present and future involvement makes the accomplishment of this goal probable.
  - c. High school and college transcripts.
  - d. College admission test scores (ACT).
5. 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

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**GARY KREUZ**  
**MEMORIAL SCHOLARSHIP**

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The Gary Kreuz Memorial Scholarship is an annual scholarship which was established in 1997 by Gary's family and friends and the staff at the Gary Gray Physical Therapy Clinic. The applicant must have graduated from a Lenawee public or private high school and have been accepted into a qualified physical therapy program.

**APPLICATION**

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

Student's Full Name: Ms. \_\_\_\_\_  
Mr. \_\_\_\_\_

Student's Address \_\_\_\_\_ Tel \_\_\_\_\_  
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 high school graduation \_\_\_\_\_ Number in Class \_\_\_\_\_ Rank in Class \_\_\_\_\_

Name of College (Attach Transcripts)	Date of Entrance	Period Attended
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**ACTIVITIES AND INVOLVEMENT**

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EXTRA-CURRICULAR(SCHOOL RELATED)

Organization: Please state name of organization, year, and if an office was held.  
For Example: Debate Team 3,4 Co-Captain 4. State only major activities.

High School: \_\_\_\_\_

College: \_\_\_\_\_

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

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SCHOLASTIC

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

For example: Choir 2,3 American Studies Club 3 (Treasurer). State only major activities.

High School: \_\_\_\_\_

College: \_\_\_\_\_

Honor and Awards (state year and nature of honor or award):

High School: \_\_\_\_\_

College: \_\_\_\_\_

State your enrollment status in a qualified physical therapy program.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

CIVIC (Non School Related)

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). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF APPLICANT** \_\_\_\_\_

I understand that this Scholarship, if granted to me, is for pursuing a course of study in the field of Physical Therapy. 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