

**Old Rosedale Gardens Home Owners Association
College Scholarship Form**

One \$500 scholarship will be awarded.

To be eligible for this scholarship:

- a) you must currently be a high school senior,
- b) you must have resided in Old Rosedale Gardens for at least one year prior to April 1st,
- c) your family must be a contributor to Old Rosedale Gardens Home Owners Association,
- d) you must have a GPA of 3.2 or higher,
- e) you must have participated in at least one service/volunteer activity for ORGHA in your junior or senior year.*

All application materials must be received by May 15th. Winners will be announced in the June Newsletter.

Please type or print neatly

Name of Applicant: _____

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:

Please include a service/volunteer activity for ORGHA that you participated in during your Junior or Senior Year of High School:

* Applicants can still complete their service requirement by volunteering for either the ORGHA Easter Egg Hunt or the Spring Cleanup. If you have any questions, contact Barb Matthei at 734-421-6821.

Name of Father/Stepfather or Guardian: _____

Name of Mother/Stepmother or Guardian: _____

If I am awarded a scholarship, I will notify the committee within ten days, in writing, of my acceptance or rejection of the award.

If circumstances prevent me from entering college, I will notify the committee immediately.

Signature of Student

Date

Parent Authorization

I have checked this form for omissions and errors. To the best of my knowledge, the information is complete and correct.

Signature of Parent/Guardian

Date

Submit the completed form by May 15th to:

ORGHA
Attn: Scholarship Committee
P.O. Box 51186
Livonia, Michigan 48151

Please type or print neatly

Name of Applicant: _____

This rest of this page is to be filled out by a High School Counselor and submitted to ORGHA along with an official transcript.

Student's GPA: _____

Compared to other students at this High School, this student's curriculum is:

Most Demanding

Demanding

Average

Not Demanding

Name of High School: _____

Address of High School: _____

Name of Counselor: _____

Signature of Counselor

Date

Submit this page and an official transcript by May 15th to:

ORGHA
Attn: Scholarship Committee
P.O. Box 51186
Livonia, Michigan 48151