

**CALVIN ALUMNI ASSOCIATION
MID-MICHIGAN CHAPTER**

Scholarship 2008

The Alumni Association chapter in Mid-Michigan wishes to help students by providing scholarships for entering freshmen. The criteria for the scholarship are listed below. If you wish to apply for a scholarship, the enclosed form must be returned no later than February 1, 2008, to the address listed below. Also, two people who know you personally need to complete the enclosed reference form and mail it no later than February 1, 2008.

We wish you success in your college career and look forward to your involvement with Calvin College.

The Mid-Michigan Chapter of the
Calvin Alumni Association

Send all scholarship material to:
Bobbi Kuyers
423 Westmoreland Ave.
Lansing, MI 48915

Scholarship Criteria (Open to high school seniors who have applied to Calvin and live in Mid-Michigan)

- 1) Answers to questions on the application.
- 2) Your cumulative grade point average at the end of your most recent semester
- 3) Written references (use the attached form).

Your application must be postmarked by February 1, 2008.

CALVIN COLLEGE SCHOLARSHIP APPLICATION
OFFERED BY THE MID- MICHIGAN CHAPTER
OF THE CALVIN ALUMNI ASSOCIATION

Personal Information

Name: _____ Birth Date: _____
Street: _____ Phone: _____
City: _____ State: _____ Zip Code: _____

Educational Background

High School Name: _____ Graduation Date _____
Location: _____ Current GPA: _____
High School Name: _____
Location: _____ Current GPA: _____

Answer the following questions on another sheet of paper and submit with this cover sheet.

1. ***Activities and Accomplishments*** - Please list all the extra-curricular activities, honors and/or volunteer projects in which you have participated over the past three years.

2. ***My educational plans and goals for my life include:***

3. ***The two things that appeal to me most about Calvin are:***

References: List two people from whom you are requesting references. Include one high school teacher

Name: _____ Phone: (____) _____
Address: _____ Occupation: _____
Name: _____ Phone: (____) _____
Address: _____ Occupation: _____

I verify that all the information in this application is accurate. Information provided in this application will be kept confidential by the committee. All decisions of the committee will be final. You will be notified by mail of the committee's decision.

Signed _____ Date: _____

SCHOLARSHIP RECOMMENDATION FORM
MID-MICHIGAN CHAPTER
CALVIN ALUMNI ASSOCIATION

Your help in providing an evaluation of the applicant for this scholarship is valuable in making the award decisions. Thank you for your time and effort preparing it.

Applicant's Name: _____

Personal/Christian Character:

Your signature: _____

Please return this form (postmarked) by February 1, 2008 to:

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