



# Muskegon Community College

221 South Quarterline Road ♦ Muskegon, MI 49442

MCC Student ID #	
OFFICE USE ONLY	<i>Date Received</i>

## PERFORMANCE-BASED SCHOLARSHIP 2012-2013 ACADEMIC YEAR

### HEALTH, PHYSICAL EDUCATION & RECREATION DEPARTMENT

#### APPLICATION FORM – Part 1

**ELIGIBILITY:**

These scholarship awards are based on the student's aptitude or an interest as indicated by grades and recommendations. The applicant must have at least a 2.0 overall high-school average. Student must enroll in coursework in the area of study for which they are applying. Additional requirements specific to the area of study are listed in PART 2.

**TO APPLY:**

PART 1 of this application is demographic information and must be filled out completely. PART 2 contains the requirements specific for the discipline or department to which you are applying. Completed recommendation forms, filled in by your high school teacher and your counselor, must be attached. Please have your counselor mail the recommendation forms and HIGH SCHOOL TRANSCRIPT addressed to the relevant department at:

Health, Physical Education & Recreation Department  
MUSKEGON COMMUNITY COLLEGE  
221 S. QUARTERLINE ROAD  
MUSKEGON, MI 49442

(You must provide your teacher/counselor with a stamped envelope for this purpose)

**DEADLINE:**

This application with all relevant information must be postmarked/received by April 1, 2012.

Applications received after this date will not be considered.

**PART 1**

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Contact Information:

Home: (      )

Cell:

Email:

Social Security Number:   XXX – XX - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (last four digits only)

High School Name &amp; City:

Graduation Date: \_\_\_\_\_

High School GPA \_\_\_\_\_

**Official High School Transcript should be sent with this application.**Are you eligible for other scholarship(s) or aid?  
(If yes, please list)

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you applied for a Performance-Based Scholarship from any other department at Muskegon Community College? (If yes, please name the department)

Yes \_\_\_\_\_ No \_\_\_\_\_

If successful, when would you like the award to begin:

Fall \_\_\_\_\_ Winter \_\_\_\_\_

PART 2 –on next page must be completed

