

Saginaw USBC Association

**Scholarship Form
Application
For**

Previous Recipients

Saginaw USBC Association Scholarship Form Application for Previous Recipients

Name _____ Date _____

Address _____ City _____ State _____

Age _____ Date of Birth _____ Telephone _____

Typed essay on your future plans – 50 to 100 Words

Parents or Guardians (Names) _____

Name of College You Are Currently Attending: _____

GPA _____ Please attach an Official College Transcript

Major: _____

Please list any extracurricular school activities and/or community or civic involvement.

To my knowledge, the above information is correct.

Signature of Applicant

Date

Please mail to:

Attn: Scholarship Fund Committee
Saginaw USBC
4115 Shattuck Rd
Saginaw, Michigan 48603-3063