Myrtle M. Armstead Scholarship Application

Amount of Scholarship: A one-time payment of \$500

Eligibility for Award: Graduates of GHHS who wish to continue their education at an institution of higher learning may apply for this scholarship. The award will be based upon:

- Good character and citizenship
- Demonstrate need for financial assistance
- Genuine desire to attend college for the 2025-2026 academic year

Name in Full: _____

Address: _____

Length of time you attended Grand Haven High School:

What college do you plan to attend?

What career do you wish to prepare for?

Explai	n why you	feel qu	alified	for this	scholars	hip on	the	basis	of fi	nanc	ial
need.	(Supply Pa	age 1 o	f FSS, f	formerly	SAR, re	port)					

Name three teachers who may be asked to recommend you:

Additional comments you wish to make:

Furnish an official high school transcript with application.

Signature of Applicant: _____

Signature of Parent/Guardian:

Return application to Student Services by February 28, 2025.