#### Dale and Lauren Mukavetz Educational/Vocational Grant

This award is to be applied to tuition, fees and books for a student to attend a college, university, junior college and trade or training school or similar school that provides education and training designed to make a student more productive and capable in business or professions, trades, or other working lives.

- Must be a student who is <u>NOT</u> ranked in the top third of the graduating class based upon grade point average.
- Must not have substantial financial assistance from other sources.
- Character and maturity of the student will be taken into consideration when selecting a recipient.

# FINALISTS MAY BE ASKED TO PARTICIPATE IN A ZOOM INTERVIEW.

Please fill out the attached application in its entirety. Return to Lori LaRoux, Supt. Office by APRIL 26, 2024.



# Dale & Lauren Mukavetz Educational/Vocational Grant 2024

Please complete application in full and return to Lori LaRoux, Supt. Office by: APRIL 26, 2024

### PERSONAL INFORMATION

Name		
Address		
City, State Zip		
Student Email		
Parent/Legal Guardian Name		
Cumulative Grade Point Average	Rank in Class	/

## **CONTINUING EDUCATION INFORMATION**

List the institution(s) to which you have applied for admission and indicate whether or not you have been accepted.

Ac	cepted?	Yes	No	Not Yet
Ac	cepted?	Yes	No	Not Yet
Ac	cepted?	Yes	No	Not Yet
Anticipated Degree Anticipated Credit Hours (per semester)	-			
Indicate degree program	m 🗆	2 year deg	ree prog	ram
□ Trade School/Certificate Program – Length of p	rogram	y	ears	

#### List of Other Scholarships:

Have you <u>applied for</u>, <u>received</u> or <u>anticipate receiving</u> any other scholarship awards? (Please include TIP scholarships and/or individual college scholarships or sports grants/tuition waivers, etc.)

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

If yes, list the scholarship(s) and their value:

# STUDENT/VOLUNTEER ACTIVITIES and WORK OUTSIDE OF SCHOOL (SUMMER JOBS)

List the name of organization/business and number of years participated. Attach additional sheets if necessary.

Organization	Years Participated	Level of Involvement

# ATHLETIC ACTIVITIES

List the name of athletic sport and number of years participated.

Athletic Sport	Years Participated	Honors Received (if applicable)

Please tell us how being awarded this scholarship would impact your future academic/career goals and family in a positive manner? (Attach an additional sheet if necessary)

• Letters of recommendation may be submitted from people who know you best and may feel that you deserve a "hand up" in being awarded this scholarship opportunity.

Student Signature

Date

[For office use only ] Date of Review\_\_\_\_\_