



Official Application

Metropolitan Detroit Bureau of School Studies, Inc.

2018 Metro Bureau Thomas D. McLennan Scholarship Award

For Graduating Seniors of Metro Bureau Member High Schools

Date: _____

DISTRICT INFORMATION

Expected date of graduation: _____

Name of High School: _____ District: _____

PERSONAL DATA

Date of Birth: _____

Name _____
FIRST MI LAST

Address _____
STREET & NUMBER CITY ZIP CODE

Phone _____ E-Mail _____

PARENT/GUARDIAN

Name(s) _____

Address _____
STREET & NUMBER CITY ZIP CODE

Phone _____

UNIVERSITY EXPECTED TO ATTEND

This scholarship is for students who intend to enroll at Henry Ford College, Oakland Community College, Oakland University, Wayne County Community College District or Wayne State University. Please check the college/university you hope to attend.

- Henry Ford College Wayne State University
 Oakland Community College Wayne County Community College District
 Oakland University

I understand the above requirements

I. CAREER AND ACADEMIC ASPIRATIONS

Describe your career and academic aspirations.

II. COLLEGE AND CAREER PLANS

A. College may be one of the most rewarding experiences you will encounter in life. What do you anticipate will be the highlight of your college experience and how might that prepare you for a career as a professional?

B. Discuss the most important issues your anticipated field of study faces today.

- C. What do you think your field of study will be like in the next 10 years and what impact do you hope to have on the profession?

III. STUDENT ACADEMIC ACHIEVEMENT AND LEADERSHIP

List your grade point average, any awards or honors you received that distinguish you as deserving of this scholarship, and leadership experiences in your school and/or your community.

A. Grade point average: _____

B. Awards and honors

C. Leadership roles in school and/or community

IV. PERSONAL REFERENCES: (Required, please list three)

	NAME	ADDRESS	TELEPHONE	OCCUPATION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

APPLICATION DEADLINE: FRIDAY, March 2, 2018

_____ Applicant's Signature	_____ Date
_____ Administrator's Signature and Title	_____ Date
_____ Counselor's Signature	_____ Date

Return by Friday, March 2, 2018 to:

Metropolitan Detroit Bureau of School Studies, Inc.
391 College of Education-Wayne State University
Detroit MI 48202
Or
Fax: 313-577-8278
E-Mail: pdenson@wayne.edu or daberger@wayne.edu