

# STEFAN WANCZYK FOUNDATION

## SCHOLARSHIP APPLICATION

5750 New King Drive  
Suite 200  
Troy, MI 48098

**Scholarship Award:** A maximum of \$3,000 in the form of direct payment to the university or college of choice.

**Criteria:** \* Student must have a minimum 2.5 GPA.

\* Must be currently attending a Wayne County area high school.

\* Must demonstrate a hardship, which could otherwise prevent the student from attending college.

\* Must attend college full-time beginning with the fall semester of 2020

**PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY**

1. Name of applicant: \_\_\_\_\_
2. Complete Address: \_\_\_\_\_
3. Phone: (Student) \_\_\_\_\_ (Alternate) \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_
6. High School Attending: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
7. Sponsor (Teacher/Principal): \_\_\_\_\_

8.	GPA	ACT Composite Score	SAT Composite Score

9. Scholastic Awards: \_\_\_\_\_

10. List any activities or organizations you have participated in during high school.  
(Athletics, band, choir, clubs, community service, class officer, organizations, etc.)

Activity or Organization	# of Years	Comments

11. Work history:

Employer	From / To	Position

12. Who is your role model and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Name of **BOTH** parents, or guardian:

*If deceased, state year:*

Occupation:

Firm/corporation/institution:

Annual family income from all sources/both parents **\*(MANDATORY)\***

Total number of siblings:

Number of siblings currently attending college:

	<b>Father:</b>	<b>Mother:</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	\$ _____	\$ _____
	_____	
	_____	

14.

College/University you plan on attending	Amount of Tuition	Room & Board (if applicable)	Other	Total

Intended major: \_\_\_\_\_

15. Amount of money available to you for tuition from:

Parent / Guardian: \_\_\_\_\_ Your contribution: \_\_\_\_\_ Other: \_\_\_\_\_

16. Will you be receiving the Michigan Merit Scholarship Award? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Have applied for or been awarded any other scholarships, grants or loans?

Name of Scholarship Grant or loan	Applied ?	Amount Received	Type (Scholarship, Grant or Loan)	Circle If Renewable
	<input type="checkbox"/>		S G L	Y N
	<input type="checkbox"/>		S G L	Y N
	<input type="checkbox"/>		S G L	Y N
	<input type="checkbox"/>		S G L	Y N
	<input type="checkbox"/>		S G L	Y N

**Stefan Wanczyk Foundation Scholarship Application**

18. General discussion of your goals:

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19. Do you have any physical handicaps or diagnosed learning disabilities? If so, explain.

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20. Explain why you might have a hardship in attending college if you were not granted a scholarship and include any unusual family expenses or special circumstances.

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21. List two references:

A. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

**Mail completed application to:**

Stefan Wanczyk, Director  
5750 New King Drive  
Suite 200  
Troy, MI 48098  
Attention: Debi Connell

**Please include official high school transcript (MANDATORY)**  
**Late or incomplete applications will not be considered**  
**Applications MUST be received by May 31, 2020**