Edgewood School Association

$500 Scholarship Application

Student's Name: _____

Home Address: _____

_____

Phone Number: _____

Parent's Name(s): _____

High School Attending: _____

To Applicant:

Please provide two (2) written references from two teachers and a short narrative written by you describing your school activities, goals and future plans. Please return this application and necessary documents to Edgewood School, 502 Boyd Circle, Michigan City, IN 46360 by 3:00 pm on **Friday, May 9, 2024.**

Please have your High School Guidance Counselor answer and sign below:

Student's GPA: _____

Class Standing: _____out of_____

Counselor's Signature:_____