



STANLEY SLOAN SCHOLARSHIP

PO Box 308
Charlevoix, MI 49720
(231) 547-2043

Name: _____

Address: _____

Phone: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Number of Brothers and Sisters and their ages:

High School Graduated From: _____

Year of Graduation: _____

Activities participated in and offices held:

School:

Community:

Farm Bureau:

4-H:

Employment held outside the home:

What college you plan to attend and curriculum:

Scholarships applied for:

Scholarships received and amount:

Briefly state your goals for the future:

**We request a transcript of your high school scholastic record and three letters of recommendation.
These may be sent to the county address along with the application.**