

William R. Hill Memorial Scholarship Application

Administered by the Hillsdale County Community Foundation (Revised January, 2019)

Applicant's parent must be a full-time employee of AUTO-WARES with at least two (2) years employment service as of the date of the application or applicant must be a current employee with at least two (2) years of employment service. Preference will be given to Michigan Counties of Hillsdale, Branch and Jackson.

1. Applicant Information

Applicant Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Educational Institution you plan to attend _____

City _____ State _____ Phone (_____) _____

Subject area you plan to pursue _____

Are you currently enrolled? ___ Yes ___ No Last Grade/Level Completed _____

Is Current Employment with Auto Wares Parent or Student? Name of Employee _____
(Circle One)

2. Work History (most recent first)

Employer	Address	Position	Dates
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

3. Personal Accomplishments & Goals

On a separate sheet, in your own handwriting, please:

1. List your extra-curricular school activities, volunteer work, community service, awards, honors, and other achievements.
2. Describe why you would like to be considered for this scholarship.
3. Describe your personal and career goals.

4. Personal References

Please list two character references: one from a school faculty member (teacher, counselor, or administrator) and one from a member of the community not related to you.
Attach a personal letter from each to this application.

_____ (_____) _____
School Reference Daytime Telephone Number

_____ (_____) _____
Community Reference Daytime Telephone Number

5. Financial Information

Estimated Expenses		Financial Resources	
Tuition and Fees	_____	Personal Savings	_____
Books and Supplies	_____	Parents/Relatives Aid	_____
Room and Board	_____	Known Scholarships	_____
Other Scholarships	_____	Veteran's Benefits	_____
Other Expenses	_____	Other Funding	_____

6. Family Information

Father/Guardian _____ Occupation _____
Address _____ City _____ State _____ Zip _____
Mother/Guardian _____ Occupation _____
Address _____ City _____ State _____ Zip _____

7. Transcripts

Along with this application, incoming college freshmen must include a transcript of their high school grades and SAT or ACT test scores if taken.
For currently enrolled undergraduates, include a copy of your most recent college grade transcript.

Applicant's Signature _____ Date _____

Please return or mail completed application, transcript, test scores, a copy of applicant or applicant's parents previous year's income tax return and two reference letters by March 1st to:

Hillsdale County Community Foundation
2 South Howell Street
P.O. Box 276
Hillsdale, Michigan 49242
Applications must be submitted by March 1.