

COLLEGE:

Proposed Major: _____

List the Colleges/Universities to which you have or will apply in order of preference:

<u>Name of School:</u>	<u>Applied</u>	<u>Accepted</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL:

Indicate financial need for this scholarship: _____

List financial aid/scholarships for which you have applied: _____

List financial aid you have received: _____

Three letters of recommendation, two of which must be school personnel (Name, Title, Address, Phone #)

1. _____

2. _____

3. _____

I certify that the information submitted on this application and accompanying material is accurate and current. Falsification of information may result in denial of scholarship. Neatness and clarity of application may result in denial of scholarship. Neatness and clarity of application will be considered; this information will be confidentially evaluated.

Signature of Applicant

Date

Mail to:
M.A. Ellis Scholarship
P.O. Box 3386
Southfield, Michigan 48076
Phone: 866-0845

DEADLINE: APRIL 4, 2008