

AUTORAMA HIGH SCHOOL SCHOLARSHIP APPLICATION

## **\*APPLICATION DEADLINE: MAY 1**

# **ELIGIBILITY**

Baker College will award scholarships to high school graduates who have shown promise of academic success in the transportation industry at the post-secondary level. The scholarships may cover up to \$750 per semester as a full-time student. If the student is eligible for financial aid, the aid must be used first; the balance of unused portion of the scholarship is returned to the college. The award must begin either the summer or fall semester after graduation, and may be used for a total of two academic years. Student must attend at least half-time, maintain continuous enrollment (with the exception of summer semester), and maintain a 2.5 G.P.A. while attending Baker College. Financial need is not a criterion for this award.

### **REQUIREMENTS AND GUIDELINES**

Students must attend a sanctioned AutoRama event and complete an entry card. Students must visit the Baker College campus of interest. Students must enroll and be accepted to attend Baker College by May 1st of their graduating year. Students must apply for all available federal and state financial aid. Recipients must enroll as at least a half-time student, maintain a 2.5 G.P.A. while attending Baker College, and maintain continuous enrollment with the exception of summer semester. It is recommended financial aid be applied for by May 1.

\*Students must meet minimum Baker College entrance requirements in order to use this scholarship.

## **HOW TO APPLY**

Candidates must complete this application form. A high school instructor's recommendation must accompany the application. Students must express why they would like to attend Baker College. Send all items from the checklist below to the campus you wish to attend. Addresses can be found on page three.

# CHECKLIST

Admissions Application (with \$30 fee)Scholarship Application

- Applicant's Paragraph
- Instructor's Recommendation

#### **QUESTIONS?**

If you would like more information, please call the Admissions Office at any of the Baker College locations listed on page three of this application.

2016/2017



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GENERAL INFORMATION (PLEASE PRINT)						
LAST NAME		FIRST NAME			MIDDLE INITIAL	MALE FEMALE
DATE OF BIRTH (MM/DD/YY)	BIRTH NAME (IF DIFFERENT FROM ABOVE)					
HOME PHONE (WITH AREA CODE)	WORK PHONE (WITH AREA CODE)			CELL PHONE (WITH AREA CODE) <b>Type:</b> (WITH ARE		
PERMANENT ADDRESS						
CITY	STATE	ZIP		COUNTY		
E-MAIL						
NAME OF HIGH SCHOOL						
SCHOOL ADDRESS						
CITY	STATE	ZIP		YEAR OF GRADUATION		
THE PROGRAM I PLAN TO PURSUE AT BAKER COLLEGE IS						
I WOULD LIKE TO ATTEND BAKER COLLEGE BECAUSE						

2016/2017



# Instructor Recommendation (PLEASE PRINT)

# IMPORTANT: THIS SECTION MUST BE COMPLETED BY ONE OF YOUR HIGH SCHOOL INSTRUCTORS

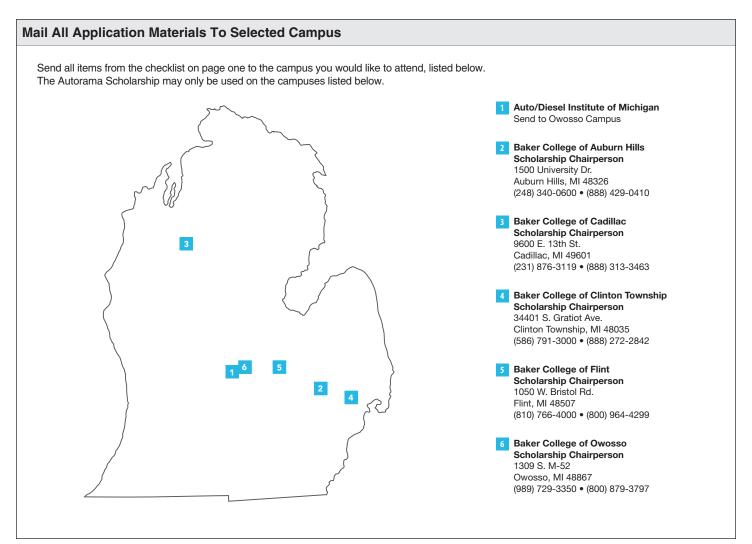
INSTRUCTOR NAME

NAME OF HIGH SCHOOL

STATEMENT OF INSTRUCTOR'S RECOMMENDATION

INSTRUCTOR SIGNATURE

DATE (MM/DD/YY)



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