## The Stephanie L. DeGuire Foundation 2024 Scholarship Application

Applicant Name:	last / first / middle initial				
Preferred Name:	Birthdate:				
		mm / dd / yy			
Permanent Address:					
	street		city / stat	e / zip	
Dependent students - Parent or	Guardian:		name		
Independent students - Spouse	(if applicable):				
1 1			name		
B. Academic Information					
Fall 2024 Classification:	Freshman	Sophomore	Junior	Senior	
Fall 2024 Enrollment:	full-time	part-time			
High School Attended or Atten	nding:				
Location of High School:		Graduation date:			
	city	state		mm / yy	
Fall 2024 College or Universit	y*:				
Location of Institution:			Graduation date:		
	city	state		mm / yy	
Current or Proposed Major:		Minor	r:		
*If you have been accepted to institution above. Otherwise, li				ty, indicate the	
C. Additional Information					
How did you hear about this aw	ard? (check all th	at apply)			
stephaniedeguire.org web/internet search	School Other _	Staff/Counselor	Friend/Relativ	ve	
Are you currently or have you e of The Stephanie L. DeGuire Fo		•	ectly, to any past or p yesno	present membe	

## **D.** Essays

Attach a separate sheet of paper for each essay. Indicate the applicant's last name in the top left corner of each sheet. All three essays must be submitted for this application to be considered complete. Essays with less than the minimum or more than the maximum number of words will not be accepted, and the application will be removed from consideration.

Essay 1:	American inventor and automotive leader Henry Ford once said "My best friend is the one who brings out the best in me." Describe a friend who brings out the best in you.	150-250 words
Essay 2:	Give an example of a promise you made to someone and describe how how you kept that promise.	150-250 words
Essay 3:	Reflect on your chosen or proposed major for your college education. Describe why you have chosen or are considering that field of study, and how you hope to utilize your education in the future.	150-250 words

## E. Certification and Authorization

<u>I</u> (We) hereby certify that the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of The Stephanie L. DeGuire Foundation, I (we) agree to provide support documentation for information given on this form. I (We) understand that failure to comply with a request for additional information or if any statement presented in this application is found to be untrue, this application may be disqualified from consideration for receiving any aid from The Stephanie L. DeGuire Foundation. If selected as a recipient, I (we) grant permission to The Stephanie L. DeGuire Foundation to announce such selection by posting my name on www.stephaniedeguire.org and/or in future publications or marketing materials.

Applicant's signature:		
	signature	date
Parent or Guardian's signature:		
If applicant is dependent	signature	date