



## 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.**