

Gerrish-Higgins/Roscommon Alumni Association
Educational Assistance Application Form

Name _____ RAHS class of _____

Physical address _____

Mailing address _____

Phone number _____

E-mail address _____

Course of study _____

Short statement indicating your career goals and plan for meeting them _____

List any community service you may have been involved in or organization(s) that you belong to

List any work experience (part-time, summer jobs, etc.)

I certify that all statements contained herein on this application and on attached documentation are true and correct. I understand that a selection committee will review my application, recommendations and transcript. I understand that incomplete applications will not be considered.

Signature of applicant _____

Signatures of parents/guardian _____

List name of parent(s) or guardian (including maiden name) if they attended/graduated GHHS/RAHS:

Mail this completed form, a copy of your enrollment status at the college of your choice, two letters of recommendation (teacher/instructor & non-school/non-related person) and proof of attendance (transcript) to:

Gerrish-Higgins/Roscommon Alumni Association
PO Box 173
Roscommon MI 48653