



**FINANCIAL AID OFFICE**  
**PO BOX 277~SCOTTVILLE, MI 49454-0277**  
**PHONE 231-843-5518~FAX 231-845-3944**  
**finaid@westshore.edu**

**WEST SHORE BANK'S "MAKING A REAL DIFFERENCE" SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Anticipated Enrollment Status?      Full Time      Half Time

Major or field of study \_\_\_\_\_ High School Name \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Have you ever attended a college/university? \_\_\_\_\_ If yes, number of credits completed? \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Do either of your parents/guardians work at West Shore Bank?    YES    NO

If yes, please share name. \_\_\_\_\_

Essay Questions: \*Attach additional pages if necessary.

**Describe why you selected this field of study and what influenced your choice?**

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**Provide specific examples of what you have done in high school, or earlier, to prepare for college and eventually entering the workforce in your field of study?**

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**What are your future career plans? How will you use your education to achieve your career goals?**

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**Tell us how you will personally *Make a Difference* in your chosen field of study?**

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**Please share any other information you would like the selection committee to be aware of to be considered for this scholarship.**

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I understand that by submitting this application I agree that if awarded a scholarship I give WSCC permission to release information in my scholarship application to the donor of the scholarship I am awarded. If I am awarded a scholarship I also agree that my name, application information, and/or photo may be used in campus publications and local news media. I understand that to receive this scholarship I must write a thank you note to the scholarship donor.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return your application to the WSCC Financial Aid Office by **April 17, 2015**.**