



# Ann Mizegan Scholarship

## APPLICATION FOR AWARD YEAR:

ANNUAL DEADLINE: JUNE 1

### STUDENT DEMOGRAPHICS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

KBIC ID #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### COLLEGE/UNIVERSITY INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

Degree Type: \_\_\_\_\_ GPA: \_\_\_\_\_

Class Standing: \_\_\_\_\_

Enrollment Status: \_\_\_\_\_

### Applications, must include:

- Completed application
- Essay describing their passion in their chosen health field and how their degree will help strengthen KBIC
- Official transcripts (high school or college)

### Selection:

- Two award recipients will be chosen by the KBIC Education Committee per year
- Awardees will be notified in August
- Appeals will be heard by KBIC Education Committee

*I declare that the information on this form is true, correct, and complete to the best of my knowledge.*

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

*Applications can be submitted to:*

KBIC Education Department,  
16429 Beartown Rd, Baraga, MI 49908  
[ljulio@kbic-nsn.gov](mailto:ljulio@kbic-nsn.gov) or [jjoki@kbic-nsn.gov](mailto:jjoki@kbic-nsn.gov)

