

**ROBERT DAGENAIS MEMORIAL
SCHOLARSHIP APPLICATION**

Date Received: _____

To be a qualified applicant, one or more of your parents or grandparents must be employed by Dagenais Enterprises or First Bank Upper Michigan for a minimum of 2 years as of March 31st. Please check the box indicating your parent's employer:

☐ Dagenais Enterprises☐ First Bank Upper Michigan

Name of Parent or Grandparent employed by the box checked above: _____

APPLICANT INFORMATION:Name: _____
(Last) (First) (M.I.)Address: _____
_____Phone: _____ Male ☐ Female ☐ Date of Birth: _____

Social Security Number: _____

Name of Parents (or guardian): _____

HIGH SCHOOL DATA:

High School: _____

Address of School: _____

Date of Graduation: _____ Graduating Class Size: _____

Cumulative GPA: _____ A.C.T and/or S.A.T score: _____

COLLEGE/UNIVERSITY DATA: (only to be completed by applicants that are CURRENTLY enrolled and attending college or university classes):

College/University: _____

Address: _____

Cumulative GPA: _____

SCHOOL ACTIVITIES:

List and describe school activities that you are or have been involved in during the past four years (attach separate page, if necessary):

COMMUNITY/EXTRA-CURRICULAR ACTIVITIES:

List and describe any community or extra-curricular activities that you are or have been involved in during the past four years (attach separate page, if necessary):

SCHOLARSHIPS, GRANTS, ETC:

List and describe other scholarships, grants or tuition reimbursements you have or will be receiving (attach separate page, if necessary):

AWARDS AND HONORS:

List personal, local, state or national awards and honors you have received (attach separate page, if necessary):

DOCUMENTS NEEDED WITH APPLICATION:

1. Official transcript of your high school scholastics
2. Copy of A.C.T and/or S.A.T test scores.
3. At least one letter of recommendation by a non-family member. Preference will be given to recommendations from faculty members or other individuals active in your school, extra-curricular or community activities
4. Essay describing your qualifications and need for this scholarship. You should include any special strengths, skills or financial need.

MAILING INFORMATION:

It is a **requirement** to mail applications or hand deliver to the address below. Applications not mailed or hand delivered will **NOT** be considered.

DAGENAIS ENTERPRISES
ATTN: Scholarship Department
1505 N Lincoln Rd
Escanaba, MI 49829

QUESTIONS:

Questions regarding the application or scholarship can be forwarded to:

Allison Dagenais-Watkins
906-420-0119
adagenais94@gmail.com