



## Official Application

Metropolitan Detroit Bureau of School Studies, Inc.

# 2021 Metro Bureau Thomas D. McLennan Scholarship Award

For Graduating Seniors of Metro Bureau Member High Schools

Date: \_\_\_\_\_  
MM/DD/YYYY

### DISTRICT INFORMATION

Expected date of graduation: \_\_\_\_\_  
MM/DD/YYYY

Name of High School: \_\_\_\_\_ District: \_\_\_\_\_

### PERSONAL DATA

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Name \_\_\_\_\_  
FIRST MI LAST

Address \_\_\_\_\_  
STREET & NUMBER CITY ZIP CODE

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### PARENT/GUARDIAN

Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
STREET & NUMBER CITY ZIP CODE

Phone \_\_\_\_\_

### UNIVERSITY EXPECTED TO ATTEND

This scholarship is for students who intend to enroll at Oakland University, Wayne County Community College District or Wayne State University. Please check the college/university you hope to attend.

- Oakland University                       Wayne State University  
 Wayne County Community College District

I understand the above requirements.

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

**I. CAREER AND ACADEMIC ASPIRATIONS**

Describe your career and academic aspirations.

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

## II. COLLEGE AND CAREER PLANS

A. College may be one of the most rewarding experiences you will encounter in life. What led you to select the field/career you are enrolling in this fall?

B. Discuss the most important issues your field/career faces today or in the future and what impact you hope to have on your profession.

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

### III. STUDENT ACADEMIC ACHIEVEMENT AND LEADERSHIP

List your grade point average, any awards or honors you received that distinguish you as deserving of this scholarship, and leadership experiences in your school and/or your community.

A. Grade point average: \_\_\_\_\_

B. Awards and honors

C. Leadership roles in school and/or community

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

**IV. PERSONAL REFERENCES: (Required, please list three)**

NAME	ADDRESS	TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**APPLICATION DEADLINE: FRIDAY, FEBRUARY 26, 2021**

**Metropolitan Detroit Bureau  
of School Studies, Inc.**  
College of Education, Room 391  
Wayne State University  
Detroit MI 48202 (313) 577-1611  
or  
E-mail: [pdenson@wayne.edu](mailto:pdenson@wayne.edu) or  
[cdesmit@wayne.edu](mailto:cdesmit@wayne.edu)  
by Friday, February 26, 2021

**REMINDER**  
Keep a copy of your completed  
application for your records.

**ONLY COMPLETE, TYPED  
APPLICATIONS WILL BE  
CONSIDERED**