

JUDI HUBER EDUCATIONAL SCHOLARSHIP AWARD - 2020
Deadline April 3, 2020

EXPLANATION: *Awarded to a Michigan City, graduating senior in a public, private or home school setting who accepts his/her obstacles and or challenges while focusing on the positive aspirations of advanced education.*

THEME: The applicant will express, through a personal essay, what goals were achieved and what CHALLENGES and or OBSTACLES were overcome as a student. The applicant should also explain how he/she was able to serve others in the community.

PRIZE:

\$ 1000.00

RULES:

- A. The contest is open to any 2020 graduating senior that attends a school within the Michigan City Area Schools boundaries. The Scholarship will be based on the following criteria:
- | | |
|---|-----|
| 1. Human Rights (Community Service Involvement) | 35% |
| 2. Academics & or achieved educational goals | 25% |
| 3. Essay (Self-written or noted if assisted) | 35% |
| 4. Extracurricular Activities | 5% |
- B. The entry packet MUST include:
1. A copy of high school transcripts. Home-schooled students should supply proof of Graduation.
 2. Three letters of recommendation from teachers, service providers, or community mentors
 3. The scholarship application
 4. Proof of acceptance at a college, university, trade/vocational, technical or Internet based institution of higher learning
 5. The essay based on the theme described above.
 6. A detailed account of community service hours given over the 2019-2020 school year
- C. The essay must not exceed 1,000 words NO EXCEPTIONS. The essay must be typed double – spaced on plain paper.

Judges chosen by the Michigan City Human Rights Commission will select the winner. All entries will be judged anonymously and become property of the Michigan City Human Rights Department.

Mailing Address:

Michigan City Human Rights Department
City Hall
100 E. Michigan Boulevard
Michigan City, Indiana 46360

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NAME: _____ AGE: _____
(First) (M.I.) (Last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN DAY TELEPHONE: _____

NAME OF SCHOOL: _____

DATE OF GRADUATION: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRINCIPAL'S NAME: _____

SCHOOL TELEPHONE: _____

FOR OFFICE USE ONLY:

RECEIVED:

ENTRY:

EXPLAIN YOUR FUTURE EDUCATIONAL PLANS (FOR EXAMPLE: COLLEGE, VOCATIONAL TRAINING, ETC.) _____

PLEASE LIST YOUR COMMUNITY SERVICE INVOLVEMENT.

PLEASE LIST YOUR EXTRACURRICULAR ACTIVITIES.
