SCHOLARSHIP ELIGIBILITY

EDWARD AND LILLIAN NOLAN SCHOLARSHIP INITIAL SCHOLARSHIP

APPLICATION DEADLINE IS MAY 1ST

Return to: Superintendent's Office

Ishpeming Public School District No. 1

319 East Division Street Ishpeming, MI 49849

906.485.5501

To be eligible for a Edward and Lillian Nolan Scholarship you must have earned a 2.5 GPA or better during your first seven (7) semesters at the Ishpeming High School. (Transfer students who meet the GPA requirements are eligible to apply).

EDWARD AND LILLIAN NOLAN SCHOLARSHIP RENEWAL SCHOLARSHIP

APPLICATION DEADLINE IS MAY 1ST

Return to: Superintendent's Office

Ishpeming Public School District No. 1

319 East Division Street Ishpeming, MI 49849

906.485.5501

To be eligible for a Edward and Lillian Nolan Scholarship you must have received a Nolan Scholarship as a graduating Senior at the Ishpeming High School and must currently be carrying a cumulative GPA of 2.5 or better at the school you are attending.

Please note: If for some reason school is not in session on May 1st, applications will be due no later than 8:00 a.m. on the first day school returns to open session following May 1st.

Confirmation of receipt of scholarship applications are the sole responsibility of the applicant.

EDWARD AND LILLIAN NOLAN SCHOLARSHIP INITIAL APPLICATION

APPLICATION DEADLINE IS MAY 1st *

Confirmation of receipt of scholarship applications are the sole responsibility of the applicant.

Return to: Superintendent's Office

Ishpeming Public School District No. 1

319 East Division Street Ishpeming, MI 49849

(906) 485.5501

To be eligible for a Edward and Lillian Nolan Scholarship you must have earned a 2.5 GPA or better during your first seven (7) semesters at the Ishpeming High School. (Transfer students who meet the GPA requirements are eligible to apply).

Applicant's Name:				
	Last	First		Middle
Current Address:				
	Street	City	State	Zip
Telephone No.:		E-Mail:_		
Name of College/Univ	ersity to which you	have applied:		
Location:				
Street		City	State	Zip
Have you been accep	ted by the College/l	University?	Yes 🗆	No
I hereby authorize re Scholarship Committe		on from my school	record, including	test scores, to the Nolan
Signed:			Date	e:
Parent/Guardian Sign	ature:(If student is	s under 18 years of age)	Date	e:
*Please note: If for set 8:00 a.m. on the first of				ons will be due no later than
	DO NO	T WRITE BELOW	THIS LINE	
Rank in Class	<u>/</u>	G.P.A.:_		

Revised: 06.13.2023