



Small School – Big Heart

THRESHOLD ACADEMY ACADEMIC SCHOLARSHIP

Annually, a \$500 Threshold Academy Academic Scholarship for postsecondary training is awarded to a graduating high school senior who attended elementary school at Threshold Academy. If adequate funding and interested applicants are identified, additional scholarships may be awarded.

Please complete the attached scholarship application in its entirety. Awards will be granted based on need, academic status, all-around performance, etc.

Forward your completed application to:

Lori Johnson
President
c/o EightCAP, Inc.
5827 Orleans Rd
Orleans, MI 48865-8603

Applications must be received no later than

Friday, April 29, 2022.



Threshold Academy Academic Scholarship Application

**APPLICANT INFORMATION**

Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	E-mail Address:		

FAMILY INFORMATION

Father's Name:	Mother's Name:
Occupation:	Occupation:
Other family members and their ages:	
Are any other family members presently attending college? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, where?	

EDUCATION

How long did applicant attend Threshold Academy?	From:	To:
High School:	From:	To: GPA:

FUTURE PLANS

Current Career Plan:	
College or institution you plan to attend:	Have you been accepted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been working while attending High School? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, where?
Do you have employment for this summer? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, where?
How do you expect to finance your education/training beyond a Threshold Academy Academic Scholarship?	

Please list any financial assistance you have received or have applied for:

YOUR EXPERIENCES

List your High School Extra-Curricular Activities:

List your Volunteer or Community Service Activities:

REFERENCES

Please list three character references (other than family members):

Full Name:	Relationship:
Occupation:	Phone: ()
Address:	
Full Name:	Relationship:
Occupation:	Phone: ()
Address:	
Full Name:	Relationship:
Occupation:	Phone: ()
Address:	

OTHER INFORMATION

Please provide a Threshold Academy memory or indicate how Threshold Academy prepared you for your future.

Please use this space to provide any other information you believe would assist us in evaluating your application.

PERSONAL STATEMENT

In keeping with the mission of the former Threshold Academy, this scholarship is intended to promote leadership, scholarship, character, and service. The Academy believed in reward for excellence and in providing opportunities to students exemplifying these qualities. How do you believe your accomplishments and goals are in accordance with the criteria for this scholarship? Please limit to 250 words or less in the space provided.

Personal Statement (cont'd)

SIGNATURE

I understand that it is my responsibility to read, understand, and complete this application accurately and to comply with all deadlines.

I understand that my scholarship application may be denied or withdrawn if it is incomplete and/or if any information reported on this application is found to be intentionally misleading, inaccurate, or fraudulent.

My signature confirms that I have read and understand the above stated Certification.

**Applicant's
Signature:**

Date:

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