

GALLIMORE ELEMENTARY SCHOOL CAROLE SWEET SCHOLARSHIP

This scholarship fund was established by Carole Sweet, who taught at Gallimore Elementary School for 24 years.

Purpose

To provide financial assistance to a Plymouth-Canton Community Schools' graduate who attended Gallimore Elementary School.

Amount to be awarded

\$500 (non-renewable) will be awarded to each student selected.

Criteria

- Graduate of Plymouth, Canton or Salem High School or Starkweather Center.
- Attended Gallimore Elementary School for grades 3, 4 and 5.
- Intends to continue education at an accredited college or university.
- Minimum GPA 2.0.

Application

- Completed application form (see attached).
- One written recommendation from a high school counselor, teacher or administrator.
- One written recommendation from an unrelated adult not affiliated with the Plymouth-Canton Community Schools.
- Completed FAFSA application.
- Proof of acceptance to a Michigan college or university (prior to check being issued).
- Agree to return to Gallimore Elementary School to speak with students about their education.

Application Deadline: April 3, 2020



Return To:

Educational Excellence Foundation
Plymouth-Canton Community Schools
454 S. Harvey Street
Plymouth, MI 48170

GALLIMORE ELEMENTARY SWEET SCHOLARSHIP APPLICATION

Name _____

Address _____

High School _____ GPA _____

Email _____

College/University you plan to attend _____

(A copy of letter of acceptance is required prior to issuance of award money)

Years attended Gallimore Elementary School: From _____ To _____

In a short essay (1-2 pages) please describe:

1. A positive memory you have of your years at Gallimore Elementary School.
2. Your plans for the future.
3. Your involvement in school/community activities. Include any leadership roles.

Please attach two letters of recommendation: one from a teacher, counselor or administrator; and one from an unrelated adult, not affiliated with P-CCS.

Please attach a copy of a completed FAFSA application (all information will be kept confidential)

Signature of Counselor

Date

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