



2021
JEFFREY P. BODZICK
MEMORIAL SCHOLARSHIP APPLICATION

Jeffrey P. Bodzick
1956-2002

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

What extracurricular activities did you participate in during your high school career?
Which did you like the best and why?

What college will you be attending and why?

**JEFFREY P. BODZICK MEMORIAL SCHOLARSHIP APPLICATION
(CONT)**

Have you applied for financial aid? _____ Yes _____ No

If yes, will you be receiving financial aid? _____ Yes _____ No _____ Not Sure

Amount (if known) _____

Lastly, BUT MOST IMPORTANTLY, write an essay on all you can find out about Jeff Bodzick and why Jeff would be proud for you to receive this scholarship.

Please provide us with a photo of yourself for public relation purposes only.

Signature

* Return application to Mr. Curth by 3/24/21. Completed applications will be mailed from the school to : **Jeffrey P Bodzick Scholarship Foundation**
851 Hathaway Rd.
Harbor Springs, MI 49740