



Arthur L. and Beatrice I. Miller Scholarship

Who can apply:

Criteria:

- Must be a graduate or have your GED from De Tour Area Schools
- Must be a resident of De Tour Village or De Tour Township
- Graduate must be attending a higher education institution - university, college, trade or vocational school

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Phone: _____ Email: _____

High School Education

High School: _____ Graduation Date: _____

Test Score: ACT _____ SAT _____ GPA: _____

Higher Education Information

Name of School Attending: _____

Address: _____

Will you be a full-time student: _____ Will you be attending a full academic year: _____

If no for either question, please explain: _____

Degree you will be pursuing: _____ Major: _____ Minor: _____

Completed application and all required attachments must be turned into the Chippewa County Community Foundation by
APRIL 15, 2026

Drop off: CCCF 1122 E Easterday Ave Ste B SSM, MI 49783 (located in the Michigan Works Building)	Mail to: CCCF PO Box 1979 SSM, MI 49783	Email: info@chippewacountycf.org Phone: 906-635-1046 www.chippewacountycommunityfoundation.org
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REQUIRED ATTACHEMENTS TO APPLICATION:

- **Financial Information Form**
- **1 letter of recommendation from a De Tour Village or De Tour Township resident**



Financial Information Form (please read instructions carefully): *Student*, complete the top section and submit this Financial Information Form to the Financial Aid Office of your first-choice academic institution. Ask them to complete the form and **return to the Chippewa County Community Foundation no later than April 15th.** Be sure to allow the Financial Aid Office at least three weeks to process. It is your responsibility to follow-up with the Financial Aid Office to ensure the form is received on time.

Name: _____ Phone: _____

Address: _____

Student # or Last 4 digits of your Social Security #: _____ Date of Birth: _____

Authorization to Release Information:

I authorize (name of college/university): _____ to provide the information requested below to the Chippewa County Community Foundation for scholarship consideration:

Student Signature: _____ Date: _____

Parent's (or Guardian) Signature: _____ Date: _____

**** STUDENT STOP HERE—Send this form to your college Financial Aid Office ****

Information below must be completed by a College Financial Aid Officer

To the Financial Aid Officer: The above-named student is applying for at least one Chippewa County Community Foundation Scholarship. Please complete the following information and return it to the Foundation by April 15th.

The information present below is based on : Current Year FASFA Previous Year's FASFA

Cost of Attendance: \$
Scholarships: \$ (Institutional, Athletic & outside scholarships)
Grants: \$ (PELL, SEOG, Institutional, etc.)
Other Sources: \$ (TIP, Native American Tuition Waiver, Veteran's Benefits, etc.)

Will receiving a scholarship from the Chippewa County Community Foundation reduce the student's need-based aid: _____

If yes, how? _____

Name of person completing the form: _____ Title: _____

College/University: _____

Address: _____

Mail or email to the Chippewa County Community Foundation by **April 15th.**
 PO Box 1979
 Sault Sainte Marie, MI 49783

EMAIL: info@chippewacountycf.org
PHONE: 906-635-1046