

**Catholic** COMMUNITY FOUNDATION  
OF MID-MICHIGAN

***The Anthony & Elizabeth Brenske Memorial Scholarship Application***

Last name:

First name:

Email:

Phone number:

Eligibility:

1. Must be a resident of Saginaw, Bay or Midland County
2. Student must be an attendee of a Michigan university/college of any kind, not necessarily Roman Catholic, for tuition, room, board, and personal expenses
3. Must demonstrate financial need and academic achievement
4. Preference for applicants will be shown to students who meet the following criteria: must be from Nouvel Catholic Central High School and/or students attending Saginaw Valley State University and/or students who were previously awarded any grant or loan from the Grant Trust or the Fund.

I have reviewed the eligibility requirements related to this scholarship and am confident that I meet any/all necessary criteria.

I acknowledge that by submitting this application, I allow the selection committee to access relevant records retained by any Catholic parish, Catholic school and/or public school in order to determine my eligibility for this scholarship. This may also include contacting appropriate parties to confirm information supplied by the candidate.

If selected as the scholarship recipient, I acknowledge and give permission for the Catholic Community Foundation of Mid-Michigan to use my name and/or image in media announcements related to this award.

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High School attended/graduated from:

Year of High School Graduation:

Please list the county you reside in:

In a statement / essay, please explain your academic achievements in high school.

Applicants are not required to but may submit a letter(s) of support/recommendation from members of school / parish staff who are able to affirm and speak to the applicant's eligibility based on the criteria of the scholarship.

Please provide documentation that provides support for financial need.

Related documents must be submitted with the completed application.

Please list any items that you have submitted in addition to the application.

College(s) you applied to / plan to attend:

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I affirm that all information contained within and/or as part of this application is accurate and true to the best of my knowledge.

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A completed application and related documents must be submitted in a single document/attachment to:

- Electronically: [connor.rabine@ccfmm.org](mailto:connor.rabine@ccfmm.org)  
(Please list only the name of the scholarship in the subject line of the email)
- Mail: Catholic Community Foundation of Mid Michigan  
5800 Weiss St.  
Saginaw, MI 48603

Applications received after the deadline will not be accepted.

The Catholic Community Foundation of Mid-Michigan, the Office of Catholic Schools and any related parties are not responsible for any format/technology errors that may result in an application not being reviewed.

