

**2015 MACKINAC CENTER FOR PUBLIC POLICY
DEBATE SCHOLARSHIP APPLICATION
FOR THE 2015-16 ACADEMIC YEAR**

To be completed by the applicant and postmarked or time stamped on or before January 31, 2016.

Send to:

Mackinac Center for Public Policy
Attn: Debate Scholarships
P.O. Box 568
Midland, MI 48640

Or,

You may submit pdf files only of your application and Op-ed Essay via email to
DebateScholarships@mackinac.org

Questions:

Phone: 989-631-0900 x.1905

APPLICANT

1. Name: _____
Last First Middle
2. Home Address: _____
Street

City State Zip
3. Telephone Number: () _____
Area Code Number

PARENT/GUARDIAN

1. Name: _____
Last First Middle
2. Home Address, if different from applicant: _____
Street

City State Zip
3. Telephone Number: () _____
Area Code Number

SCHOOL DATA

1. Present High School: _____
Name

Street

City State Zip
2. Expected High School Graduation Date: _____
Month Year
3. Debate Teacher/Coach: _____

4. Please list what institutions of higher learning you have applied to or plan to apply to.

<hr style="border: none; border-top: 1px solid black;"/>			
<small>Name</small>			
<hr style="border: none; border-top: 1px solid black;"/>			
<small>Street</small>			
<hr style="border: none; border-top: 1px solid black;"/>			
<small>City</small>	<small>State</small>	<small>Zip</small>	
<input type="checkbox"/> Pending	<input type="checkbox"/> Accepted	<input type="checkbox"/> Wait List	<input type="checkbox"/> 1st Choice Accepted
<hr style="border: none; border-top: 1px solid black;"/>			
<small>Name</small>			
<hr style="border: none; border-top: 1px solid black;"/>			
<small>Street</small>			
<hr style="border: none; border-top: 1px solid black;"/>			
<small>City</small>	<small>State</small>	<small>Zip</small>	
<input type="checkbox"/> Pending	<input type="checkbox"/> Accepted	<input type="checkbox"/> Wait List	<input type="checkbox"/> 1st Choice Accepted
<hr style="border: none; border-top: 1px solid black;"/>			
<small>Name</small>			
<hr style="border: none; border-top: 1px solid black;"/>			
<small>Street</small>			
<hr style="border: none; border-top: 1px solid black;"/>			
<small>City</small>	<small>State</small>	<small>Zip</small>	
<input type="checkbox"/> Pending	<input type="checkbox"/> Accepted	<input type="checkbox"/> Wait List	<input type="checkbox"/> 1st Choice Accepted

PERSONAL STATEMENT

I certify that my application is true and correct to the best of my knowledge, that my op-ed submission is an original work authored by me, and that I met the requirements of the Mackinac Center for Public Policy Debate Workshop noted above. I agree to participate in the award process and give permission for photography during that process. I understand that if any part of my application is determined to be untrue or incorrect or that my op-ed piece is not my original work that my application will be ineligible for scholarship consideration.

Signature _____ **Date** _____

PARENT OR GUARDIAN CERTIFICATION

By signing below, I agree to participate in the award process and give permission for photography during that process. If the student is a minor, I agree to the same for him/her.

Parent/Guardian Signature _____ **Date** _____

TEACHER/COACH CERTIFICATION

I verify that the above named student attended the Debate Workshop noted and I agree to participate in the award process and give permission for photography during that process.

Teacher/Coach Signature _____ **Date** _____

THIS FORM MUST BE SUBMITTED WITH YOUR OP-ED ESSAY.