

ERAHS 2019 Community Service Scholarship Application



Elk Rapids Area Historical Society

Post Office Box 2, Elk Rapids, Michigan 49629-0002

Contact: Dan LeBlond, President (231) 264-5692 or (231) 264-8984, Email: president@elkrapidshistory.org, Web site: www.elkrapidshistory.org

Personal Information:

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Family Membership in Elk Rapids Area Historical Society: YES ___ NO ___

Previous Community Service experience: YES ___ NO ___

If yes, describe: _____

Extracurricular Activities:

Activity	Role/ Responsibility
1. _____	_____
2. _____	_____
3. _____	_____

Availability: (June through August)

___ Most Wednesdays 1-4 ___ Most Saturdays 1-4 ___ Some Wednesdays & Saturdays

___ First Thursday of month (May-Oct) 6-9 p.m. (Which months? _____)

(Signature)

(Date)

(Use back of sheet for any additional information you would like to add)