

Applying for:

Name of Scholarship



Marshall Community Foundationsm



For good. For ever.

Certification

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Print Name: _____

WORK EXPERIENCE

Record paid work experience, including self-employment, during the last **four years** using the space provided below or on a separate sheet. Be sure to include:

- Name of Employer
- Nature of employment
- Work - seasonal or year round
- Average number of hours per month

	Employer	Nature of Work (Include Supervisory Positions)	Seasonal/ Yearly	Hours/ Month
Year 1				
Year 2				
Year 3				
Year 4				

Review the checklist below before submitting the scholarship application.

- Completed all sections of the application.
- Completed and attached the corresponding essay(s) to each application.
- Attached the additional materials requested to each application.
- Completed and attached the Financial Aid Form if required.
- Attached Recommendation Letter(s) to each application.
- Included your name and name of scholarship on all attached material.

Visit the Foundations website at www.marshallcf.org or contact the office at 269.781.2273 if you need further assistance.