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:	

Applying for a Scholarship

High School Seniors and currently enrolled College Students must complete steps 1-5 listed below.

For **each** Scholarship you are submitting:

- 1. Complete a Scholarship Application Form. If you are submitting more than one scholarship, copies of this application are acceptable.
- 2. Complete the designated essay question(s).
- 3. Attach official school transcript, including test scores.
- 4. Request and attach the required Recommendation Letter(s).
- 5. Attach the Financial Aid Form if required.

All scholarship materials must be postmarked or delivered to the Foundation at the address below by the scholarship deadline.

Marshall Community Foundation 614 Homer Rd. Marshall, MI 49068 -orinfo@marshallcf.org

If you have any questions regarding the Scholarship application, contact the Marshall Community Foundation. Phone: 269.781.2273 Fax: 269.781.9747 email: info@marshallcf.org APPLICANT INFORMATION LAST FIRST MIDDLE Permanent Address: __ STATE Telephone Number: Email address: ____ ☐ Male ☐ Female Family Information Name of □ father □ stepfather □ other (please specify): _____ STREET STATE ZIP CITY Telephone Number: Email address: Name of ☐ mother ☐ stepmother ☐ other (please specify): _____ Address: ____ STREET STATE CITY Telephone Number: _____ Email address: ____ SCHOOL INFORMATION Name of School you are currently attending: ______ Graduation Date: ___ MONTH/YEAR Your classification in the fall: ☐ Junior ☐ Senior ☐ Graduate ☐ Freshman ☐ Sophomore Will you be a full-time student?

Yes
No Current or anticipated Major field of study: What Colleges/Universities are you applying to (please list in order of your preference):

ACTIVITIES

Record your activities using the space provided below or on a separate sheet.

	# of	Ava # of	Leadership positions, letters earned
Activity	years	Avg. # of hrs/yr*	Leadership positions, letters earned, awards, recognitions, etc.
School Activities (clubs, student g	government,	national honor s	society, etc.)
Community Activities (volunteer	, scouts, faitl	n activities, etc.))
Fine Arts (music, drama, forensic	s, debate, etc	e.)	
Sports			
Other			

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	a11	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.