

MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION, INC.

800 Amrine Mill Road, Marysville, OH 4304

Telephone: 937/642-4154 - Mr. John Merriman

ACADEMIC SCHOLARSHIP APPLICATION

2007-2008 SCHOOL YEAR

Filling out this application is an automatic application for all of the following with the exception of #4., The Malcolm and Barbara MacIvor Memorial Medical Scholarship

1. SARAH KATHRYN DEMCHAK MEMORIAL SCHOLARSHIP

2. MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP

3. MALCOLM AND BARBARA MACIVOR MEMORIAL SCHOLARSHIP

*** 4. MALCOLM AND BARBARA MACIVOR MEMORIAL MEDICAL SCHOLARSHIP**

*** NOTE: COMPLETE AN ADDITIONAL ESSAY ONLY IF YOU ARE APPLYING FOR THE MALCOLM & BARBARA MACIVOR MEDICAL SCHOLARSHIP TO STATE YOUR EDUCATION PLANS AND VOCATION GOALS AS THEY RELATE TO A MEDICAL RELATED CAREER.**

—→ REQUIRED STUDENT RESPONSE STATEMENT: Please attach a typed response about your academic and personal goals in attending college/university.

—→ REQUIRED STUDENT ESSAY: Please attach a typed essay to explain why you need and deserve this scholarship.

SCHOLARSHIP APPLICATION RULES

I. One of the purposes of the Marysville High School Alumni Scholarship Foundation, Inc. is to award scholarships to Marysville students on the basis of excellence in scholastic achievement. All applicants are evaluated on a comparative basis with the competition varying each year.

II. The Awards Committee of the Marysville High School Alumni Scholarship Foundation will select scholarship winners on the basis of the following criteria:

1. Senior rank and a candidate for graduation.
2. A minimum 3.2 grade point average is required.
3. ACT Test Scores
4. Class Rank
5. High School Grade Transcript
6. Three References. Two of the three letters should be from persons who know you from an academic perspective; for example, teachers, counselors, and school administrators. Scholarship reference forms are provided. The reference form contains a table pertaining to educational qualities which will be filled out by individuals writing on behalf of the students. The third letter should be from an employer, minister or other adult who has had a significant impact on your life aside from immediate family.
7. Student Response. Each scholarship applicant will provide a statement which should deal only with college career intentions. Student response form is provided.
8. Additional Criteria. In addition to the above, important areas such as citizenship, leadership and service will be examined by the awards committee.

III. Special stipulations regarding the Marysville High School Alumni Scholarship Foundation Awards: The Marysville High School Scholarship Foundation requires that the scholarship award be used only in regard to fulltime study at a college or university, within the next twelve months from the date of high school graduation unless there are extenuating circumstances. Any extension requires approval by the Foundation trustees. In case of withdrawal from college all unused scholarship money will be returned to the Scholarship Foundation. All recipients must abide by the rules and stipulations of the Foundation.

IV. It is the general intention of the Awards Committee and the Board of Trustees of the Marysville High School Alumni Scholarship Foundation, Inc. to award scholarships each school year based upon the amount of money received by the Foundation that school year. We will award three academic scholarships of \$2,000.00 each for the class of 2007 from the Marysville High School Alumni Scholarship Foundation. There will be four additional scholarships of \$2000.00 each. The additional scholarships are made possible from the Malcolm and Barbara MacIvor Memorial Scholarship Fund. There will also be one \$2500 Malcolm and Barbara MacIvor Memorial Medical Scholarship and one \$ 1000.00 Sarah Kathryn Demchak Memorial Scholarship.

V. Return all forms to the Guidance Department (Atten: John Merriman) at Marysville High School by Wednesday, April 30, 2008. **Note: Do not turn in a partially completed application.**

MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP APPLICATION

Name: _____
Last Name First Name Initial

Address: _____
Street and Number
_____ City State Zip Code

List three references. (Two of the three letters should be from persons who know you from an educational perspective. For example: teachers, counselors, and/or administrators.) The third needs to be from an employer, minister or other significant adult in your life aside from immediate family.

Name Title

Name Title

Name Title

What area of study do you plan to concentrate on in college? _____

List any scholastic honors received. (Attach additional sheet if necessary.) _____

List any activities or membership in high school and community organizations. (Attach additional sheet if necessary.) _____

Applicant's Signature Date

Social Security Number

To be filled out by High School Counselor:
Class Rank in _____ in _____
ACT: Eng _____ Math _____ Reading _____ Science Reasoning _____ Composite _____ GPA _____

FACULTY REFERENCE FORM

MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP APPLICATION

To the Applicant: Please fill out your name and phone number before giving this form to your reference person.

To the Reference: All applicants are evaluated on a comparative basis with the competition varying each year. Your evaluation of this applicant is appreciated. Indicate how long and in what capacity you have known the applicant. State the reasons for which you feel qualify the applicant for the scholarship they are seeking.

Applicant's Name _____

Phone _____

Reference Statement: (continue on back if necessary)

	Upper 5%	Upper 10%	Upper 25%	Middle 50%	Lower 25%
Intellectual Ability					
Imagination & Creativity					
General Educational Background					
Preparation in Chosen Field					
Interest and Enthusiasm					
Ability to Communicate (oral)					
Ability to Communicate (written)					

Submitted by: _____ Signature: _____

FACULTY REFERENCE FORM

MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP APPLICATION

To the Applicant: Please fill out your name and phone number before giving this form to your reference person.

To the Reference: All applicants are evaluated on a comparative basis with the competition varying each year. Your evaluation of this applicant is appreciated. Indicate how long and in what capacity you have known the applicant. State the reasons for which you feel qualify the applicant for the scholarship they are seeking.

Applicant's Name _____

Phone _____

Reference Statement: (continue on back if necessary)

	Upper 5%	Upper 10%	Upper 25%	Middle 50%	Lower 25%
Intellectual Ability					
Imagination & Creativity					
General Educational Background					
Preparation in Chosen Field					
Interest and Enthusiasm					
Ability to Communicate (oral)					
Ability to Communicate (written)					

Submitted by: _____ Signature: _____

NON FACULTY REFERENCE FORM

MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP APPLICATION

To the Applicant: Please fill out your name and phone number before giving this form to your reference person.

To the Reference: All applicants are evaluated on a comparative basis with the competition varying each year. Your evaluation of this applicant will be appreciated. Indicate how long and in what capacity you have known applicant. State the reasons you feel which would qualify the applicant for the scholarship for which he/she is seeking.

Applicant's Name _____

Phone _____

Reference Statement: (continue on back if necessary)

Submitted by: _____ Signature: _____
(Print)

Organization: _____ Date: _____

Position: _____