

**MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION, INC.**  
800 Amrine Mill Road, Marysville, OH 4304  
Telephone: 937/642-0010 Ext. #1290 – Mary Ann Corbin

**ACADEMIC SCHOLARSHIP APPLICATION**

**2009-2010 SCHOOL YEAR**

**Filling out this application is an automatic application for all of the following:**

1. MARYSVILLE HIGH SCHOOL ALUMNI FOUNDATION SCHOLARSHIP  
(Two \$1000 Awards)
2. SARAH KATHRYN DEMCHAK MEMORIAL SCHOLARSHIP  
(One \$1000 Award)
3. DR. MALCOLM AND BARBARA MACIVOR MEMORIAL SCHOLARSHIP  
(Eight \$1000 Awards)
4. DEGROOT SCHOLARSHIP  
(Two \$1000 Awards)
5. DR. MALCOLM AND BARBARA MACIVOR MEMORIAL **MEDICAL** SCHOLARSHIP  
(One \$1250 Award)

**Please complete the following requirements plus item #'s 1 – 6 on page 2:**

**—→ REQUIRED STUDENT RESPONSE:**

Each applicant will provide a typed statement indicating their college career intentions.

**—→ REQUIRED STUDENT ESSAY:**

Please attach a typed essay to explain why you need and deserve this scholarship.

**—→ REQUIRED ADDITIONAL STUDENT ESSAY:**

Please attach an additional typed 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.

## 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. Important areas to be evaluated will be citizenship, leadership and service.
- 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 reference forms should be from persons who know you from an academic perspective; for example, teachers, counselors, and school administrators. A third reference form should be from an employer, minister or other adult who has had a significant impact on your life aside from immediate family. Reference forms are provided.
  7. Student Response: Each applicant will provide a typed statement indicating their college career intentions.
  8. Student Essay: Each applicant will provide a typed essay explaining why you want and need this scholarship.
  9. Additional Student Essay: **ONLY** if applying for the Malcolm & Barbara MacIvor Medical Scholarship.
- III.** Special stipulations regarding the Marysville High School Alumni Scholarship Foundation Awards: The scholarship award is to be used only in regard to fulltime study at a college or university, within twelve months from the date of high school graduation, unless there are extenuating circumstances. Any extension requires approval by the Foundation's 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 two academic scholarships of \$1000 each for the class of 2010 from the Marysville High School Alumni Scholarship Foundation. As stated on page one, there will be eight additional scholarships of \$1000 each made possible from the Dr. Malcolm and Barbara MacIvor Memorial Scholarship Fund. There will also be one \$1250 Dr. Malcolm and Barbara MacIvor Memorial Medical Scholarship, two \$1000 DeGroot Scholarships, and one \$1000 Sarah Kathryn Demchak Memorial Scholarship.
- V.** Return all forms to the Guidance Department (Atten: Mary Ann Corbin) at Marysville High School by Wednesday, March 24, 2010. **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 your three references:

- 1. \_\_\_\_\_  
Name Title
- 2. \_\_\_\_\_  
Name Title
- 3. \_\_\_\_\_  
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.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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.

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Applicant's Name \_\_\_\_\_

Phone \_\_\_\_\_

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Reference Statement: (continue on back if necessary)

Submitted by: \_\_\_\_\_ Signature: \_\_\_\_\_

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MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION, INC.  
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Applicant's Name \_\_\_\_\_

Phone \_\_\_\_\_

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Reference Statement: (continue on back if necessary)

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.

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Applicant's Name \_\_\_\_\_

Phone \_\_\_\_\_

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Reference Statement: (continue on back if necessary)

Submitted by: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print)

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_