

MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION, INC.
800 Amrine Mill Road, Marysville, OH 43040
Telephone: 937/642-0010 Ext. #1249 – Mary Ann Corbin

ACADEMIC SCHOLARSHIP APPLICATION

2011-2012 SCHOOL YEAR

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

(INDIVIDUAL AWARD AMOUNTS ARE PROJECTED TO BE \$1500)

1. MARYSVILLE HIGH SCHOOL ALUMNI FOUNDATION SCHOLARSHIP
(Multiple Awards)
2. DR. MALCOLM AND BARBARA MACIVOR MEMORIAL SCHOLARSHIP
(Multiple Awards)
3. DR. ROBERT HENDERSON MEMORIAL SCHOLARSHIP
4. DEGROOT FAMILY SCHOLARSHIP
5. SUSAN FINCH SIMPSON MEMORIAL SCHOLARSHIP

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.

SCHOLARSHIP APPLICATION RULES & DIRECTIONS

- 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. A minimum **3.2** grade point average is required.
 2. ACT or SAT Test Scores & Class Rank (**Ask the guidance dept. to provide this**)
 3. High School Grade Transcript (**Ask the guidance department to provide this**)
 4. 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.
 5. Student Response: Each applicant will provide a typed statement indicating their college career intentions.
 6. Student Essay: Each applicant will provide a typed essay explaining why you want and need this 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 several academic scholarships of \$1500 (projected award amount) each for the class of 2011 from the Marysville High School Alumni Scholarship Foundation. As stated on page one, there will be additional scholarships of \$1500 each (projected award amount) made possible from the Dr. Malcolm and Barbara MacIvor Memorial Scholarship Fund.
- V.** Return all forms to the Guidance Department (Atten: Mary Ann Corbin) at Marysville High School by **Friday, March 30, 2012.** **Note: Applications must be fully complete at time of submission.**

MARYSVILLE HIGH SCHOOL ALUMNI SCHOLARSHIP FOUNDATION, INC.
SCHOLARSHIP APPLICATION

Name: _____
Last Name First Name Initial

Address: _____
Street and Number

City State Zip Code

Phone Email

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.) _____

Applicant's Signature

Date

<p>To be filled out by High School Counselor:</p> <p>Class Rank in _____ in _____</p> <p>ACT: Eng ____ Math ____ Reading ____ Science Reasoning ____ Composite ____ GPA ____</p>
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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)

Submitted by: _____ Signature: _____

FACULTY REFERENCE FORM

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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)

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: _____