

CODE

ROBIN AND JUDY MARSHALL SCHOLARSHIP APPLICATION FORM

Please type or print. This application is also available in Microsoft Word format. Contact the school counselor or the Kearney Area Community Foundation for a copy.

APPLICATION DEADLINE: April 1st

NAME _____ DATE _____

CURRENT ADDRESS _____

HOME TELEPHONE (____) ____-____ CELL NUMBER (____) ____

EMAIL ADDRESS _____

PARENTS'/GUARDIANS' NAMES & ADDRESSES (IF DEPENDENT) _____

HIGH SCHOOL GPA _____ CLASS RANK _____ out of _____

POST-SECONDARY SCHOOL YOU ARE PLANNING TO ATTEND:

DO YOU HAVE A FINANCIAL NEED FOR THIS SCHOLARSHIP? YES / NO

If there are any specific or unusual circumstances for you (your family) that increase the financial need at this time, please list the circumstance(s).

HOW DO YOU PLAN ON PAYING FOR COLLEGE? _____

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PAST OR PRESENT EMPLOYMENT:

EMPLOYER(S)	DATES OF EMPLOYMENT	# OF HOURS/WEEK

HIGH SCHOOL LEADERSHIP POSTIONS:

ACTIVITIES AND HONORS, VOLUNTEER AND COMMUNITY PROJECTS:

ACADEMIC

ATHLETIC

MUSIC

SPEECH/DRAMA

CHURCH

OTHER

ADDITIONAL COMMENTS _____

ESSAY REQUIREMENT:

Submit with this application form a one-page summary detailing your desire to attend college and how Elm Creek High School has prepared you for post secondary education.

ATTACHMENTS REQUIRED:

- 1) ONE-PAGE SUMMARY (see above)
- 2) APPLICANT’S HIGH SCHOOL GRADE TRANSCRIPT, INCLUDING GPA, THROUGH AT LEAST THE FIRST SEMESTER OF YOUR SENIOR YEAR.
- 3) ONE LETTER OF REFERENCE FROM A REPRESENTATIVE OUTSIDE THE SCHOOL

I authorize representatives of my high school, college, university, vocational or technical school where I attend, and others to provide the Scholarship Selection Committee with any of my personal records or transactions for the purpose of evaluating this scholarship request.

Applicant Signature _____
Date

DELIVER OR SEND 3 COPIES OF THIS APPLICATION AND ATTACHMENTS TO:

Kearney Area Community Foundation
ATTN: Marshall Scholarship Selection Committee
412 W. 48th Street, Suite 12
Kearney, NE 68845

