



## Marshall Community Service Award Scholarship 2021 Application Form

**Criteria:**

- Write a one page essay describing your most meaningful and/or rewarding service you have done. Explain why.
- To be eligible, you must be a graduating senior from MFS who demonstrates a strong commitment to improving the quality of life for people in their school, community and/or world at large through community service. Show excellence in the areas of academic, citizenship, and extra-curricular activities.
- Grade Point Average 2.7 – 4.0
- 2 – 3 years of student service

**Instruction:**

1. Please print clearly the following information.
2. Please complete application for scholarship.
3. Turn one completed application to the Activities Office by **April 26, 2021**.
4. Please submit application as required by scholarship criteria.

**Personal Information:**

Applicant Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

**Academic Information:**

Date of Graduation: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Graduating senior, name of intended college/university \_\_\_\_\_

College: \_\_\_\_\_ Semester for which application is being made (Term and Year): \_\_\_\_\_

Intended Major: \_\_\_\_\_

***\*Graduating students must provide proof of college acceptance letter in higher education in order to receive the scholarship award.***

**Activities and Interests:**

A.) List and briefly describe your extracurricular activities (e.g. memberships in organizations, clubs, sports, etc.)

Organization Involved	Position Held	Date(s) of Involvement

B.) List honors or academic awards you have received (scholarly activities, leadership, and research.)


**Financial Aid Office Use Only:**

Scholarship Fund Recommended: \_\_\_\_\_ Amount: \_\_\_\_\_

Scholarship Awarded: \_\_\_\_\_ Applicant GPA: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship Committee Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

District Designated Rep: \_\_\_\_\_ Date: \_\_\_\_\_