

Scholarship Name: \_\_\_\_\_



**MARSHALL COUNTY  
COMMUNITY  
FOUNDATION**

## **Marshall County Scholarship Common Application**

**Due:** March 31 of application year unless otherwise specified on individual scholarship pages.

**Submission:** Email to [info@marshallcountycf.org](mailto:info@marshallcountycf.org).

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Full Address (Street, City, State, Zip) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Number of Older Siblings \_\_\_\_\_ Number of Younger Siblings \_\_\_\_\_

List family members who are now in college or other post-high school education and who are partially or wholly supported by your parents. Also, indicate the year in which they will **end** their education.

University/Trade School you will be attending: \_\_\_\_\_

Type of Degree (2 yr, 4 yr, etc.): \_\_\_\_\_ Yearly Cost: \_\_\_\_\_

Major: \_\_\_\_\_ Occupation you wish to enter: \_\_\_\_\_

Are you employed outside of school?  Yes  No If yes, where? \_\_\_\_\_

Name of contact at place of employment: \_\_\_\_\_

What jobs have you held in the past? \_\_\_\_\_

Will you be employed this summer?  Yes  No If yes, where? \_\_\_\_\_

How will you be financing your college education? \_\_\_\_\_

Have you received any other financial aid or scholarships?  Yes  No

If so, to what extent

**On a separate sheet of paper, please list:**

- Extracurricular activities in high school
- Extracurricular activities out of high school
- Community service
- Honors and awards

**Required Attachments**

High school transcript

***NOTE: Please attach a separate sheet to write a statement of your background, educational goals, and any other information that might be helpful to the committees in selecting winners of the scholarship(s) for which you are applying. (250 words maximum)***

**Please name two adult references: one an employee of your school, one from another source.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***NOTE: SEVERAL LOCAL SCHOLARSHIPS HAVE SPECIALIZED ATTACHMENTS. PLEASE MAKE SURE YOU INCLUDE EVERYTHING REQUIRED FOR EACH AWARD FOR WHICH YOU ARE APPLYING.***

CONSENT FOR RELEASE OF INFORMATION

I permit \_\_\_\_\_ High School to release information pertaining to my grade point average, class rank, financial aid status, and any other information pertinent to my scholarship applications to any individual and/or committee who is awarding local scholarship monies for which I have applied.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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