



# Olivet High School

## Class of 1982 Endowed Scholarship

### Scholarship Application

#### Certification

By signing this form, I/we:

- 1) Hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge.
- 2) Give legal consent for the Olivet High School Class of 1982 Scholarship Committee to release information publicly in whole or in part, in any form or medium, for news stories, publicity, and website posting surrounding the awarding of this scholarship.

Specifically, I agree to allow my name, general biographical information and/or photo to be used in appropriate public relations occasions.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(required for applicants under the age of 18)

Print Name: \_\_\_\_\_

#### **Procedures for Application**

***Description/ Qualifying Criteria:** Scholarship(s) awarded to Olivet High School graduating senior(s) planning to attend any two-year or four year college or university. Applicants must exhibit community and school involvements coupled with leadership skills and maintain a GPA of 3.0. Preference shall be given to residents of the Olivet School District. Financial information is requested, but not necessarily a determining factor.*

**Essay Question:** Please provide a one-page type written response to the following question on a separate page, recording your name in the upper right hand corner. **How has your Olivet experience contributed to who you are today?**

**Recommendation Letters:** Two required - one from a high school educator/administrator and one from an adult member of the community or employer (**not** a family member or a person directly affiliated with the school district).

**Financial Criteria:** Yes, please obtain and complete Marshall Community Foundation financial aid information form and return with scholarship application. The form is available at the Olivet High School Counselor Office or can be downloaded from the Scholarship page at the Foundation website, [www.marshallcf.org](http://www.marshallcf.org). You may also contact the Foundation Office at 269.781.2273 or [info@marshallcf.org](mailto:info@marshallcf.org)

**Application Process:** Return the completed **4-page application** to the Olivet High School Counselor's Office. Make sure to include the following:

1. Essay
2. Recommendation letters
3. Transcripts
4. Financial Aid Information Form
5. Proof of Acceptance (Acceptance Letters from any College or University you are considering)

**Deadline:** April 30

**Contact:** Olivet High School Counselor Office or Marshall Community Foundation, 269.781.2273,  
e-mail: [info@marshallcf.org](mailto:info@marshallcf.org), website: [www.marshallcf.org](http://www.marshallcf.org)

## **APPLICANT INFORMATION**

Male    Female

Number of years attended Olivet Community Schools? \_\_\_\_\_

Name \_\_\_\_\_  
                                LAST    FIRST    MIDDLE

Permanent Address: \_\_\_\_\_  
  STREET    CITY    STATE    ZIP

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

## **FAMILY INFORMATION**

Name of  father  stepfather  other (please specify) \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
  STREET    CITY    STATE    ZIP

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of  mother  stepmother  other (please specify) \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
  STREET    CITY    STATE    ZIP

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

## **SCHOOL INFORMATION**

Will you be a full-time student?  Yes  No      Anticipated Major field of study: \_\_\_\_\_

What College/University will you be attending in the fall, or to what Colleges/Universities have you been accepted to (please list order of your preference):

\*Proof of Acceptance is required (Acceptance Letters from any College or University you are considering)

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## ACTIVITIES

Using the space provided below, or on a separate sheet, please record your activities. List them in order of importance to you within each of the four categories.

Activity	Number of years	Leadership positions, letters earned, awards, recognitions, etc.
<b>School Activities (clubs, student government, national honor society, etc.)</b>		
<b>Sports</b>		
<b>Fine Arts (music, drama, forensics, debate, etc.)</b>		
<b>Community Activities (volunteer, scouts, faith activities, etc.)</b>		

## WORK EXPERIENCE

In the space provided below or on a separate sheet of paper, please list any **paid work experience** (including self-employment) during the past four years. Please include the following information:

Employer	Nature of Work	Dates of Employment	Approximate # of hours per week

## FINANCIAL AWARDS

List grants, scholarships, and any financial aid you have or will receive and the \$ amount:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Before you submit this application, please review the checklist below to ensure the scholarship application is complete and ALL required information is included.

- Completed Application
- Completed Essay
- Recommendation Letters
- Official High School Transcript
- Completed Financial Aid Form
- Proof of Acceptance(s)
- Include your name on all attached material.

## FINANCIAL INFORMATION

### CONFIDENTIAL

- Complete this form, include your signatures.
- Complete the FAFSA at [www.fafsa.gov](http://www.fafsa.gov).
- Include your SAI (Student Aid Index) score here: \_\_\_\_\_
- Attach documentation that supports your SAI score only! Do not include the personal information pages.

1. Scholarship Applicant: \_\_\_\_\_  
Name Address

2. Complete **all columns** below for **every family member in your household, including yourself**.

- If you **can** be claimed as a dependent you must include:
  - Yourself
  - Your Parent(s) or Legal Guardian(s)
  - Your parents' (legal guardians') other dependents if they will provide more than half of their support.
- If you **cannot** be claimed as a dependent you must include:
  - Yourself
  - Your Spouse (if applicable)
  - Any children or other dependents now living with you if you will provide more than half of their support.

First and last name of each member of the household. Please refer to the instructions (2) above.	Age	Name of School currently attending or last completed. ((K-12), college or university)	Grade Level Completed	Enrolled at least half time? Yes or No

3. Please list any unusual financial circumstances or financial hardships in your household not reflected above:  
 (Attach additional sheets if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned hereby acknowledges that the information provided on this application, including attachments, is true and correct to the best of their knowledge. The undersigned consents that this information may be provided and disclosed to the Marshall Community Foundation, to the Foundation Trustees/Officers, and to any other person authorized by the Foundation to review the information. Verification may be obtained from any source. Also, we hereby release from liability any person submitting information to the Foundation for use in the selection of scholarship recipients.

\_\_\_\_\_  
 Signature of Student Applicant\*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

\*The student applicant is required to sign this application. The parent/guardian must also sign if the student applicant is under 18 years of age and/or was claimed as an exemption.