

MARSHALL COMMUNITY FOUNDATION

THE NETWORK VIVIAN LUSCH MEMORIAL SCHOLARSHIP

PLEASE ENCLOSE THE FOLLOWING:

General and Academic Information

Financial Information

Scholarship Application Essay

**Two Recommendation letters from non family members
and if employed, a third letter from your employer**

An interview may be required prior to final selection

**APPLICATIONS MUST BE RECEIVED and/or POSTMARKED
NO LATER than MAY 1**

MAIL TO:

**MARSHALL COMMUNITY FOUNDATION
614 HOMER RD.
MARSHALL, MICHIGAN 49068**

*If you have any questions regarding the Network Vivian Lusch Memorial Scholarship,
contact the Marshall Community Foundation*

Phone: 269.781.2273

Fax: 269.781.9747

email: info@marshallcf.org

Marshall Community Foundation Network Vivian Lusch Memorial Scholarship

Description/Qualifying Criteria:

- Applicants must reside in the Marshall Public School District or have children attending Marshall Public Schools as their School of Choice.
- Non-traditional student (defined as one who does not directly enter college after graduating from high school or one for whom there has been an interruption in post secondary education).
- Possible non-traditional curriculum (may include, but not be limited to, trade school, mini-courses, professional development workshops, etc.).
- Exemplifies positive character traits
- Community and/or faith-based activities encouraged
- Goals evident
- Course and/or transcript evaluation *will be required*
- Financial information *will be required*.
- Personal interview with committee *may be required*
- A 3.0 GPA *is required*
- Previous applicants or recipients may reapply

Essay Questions: Yes, refer to the Scholarship Application.

Recommendation Letters: Two required from non-family members. If employed, provide a third letter from employer.

Application Process: Return completed application, recommendation letters, essay questions, and any other materials requested to:

Marshall Community Foundation,
614 Homer Rd.
Marshall, MI 49068.

Deadline: May 1

Contact: Amy Turner (Executive Assistant) or Sherry Anderson (Foundation Director)
Marshall Community Foundation
269.781.2273,
e-mail: info@marshallcf.org
website: www.marshallcf.org

**Marshall Community Foundation
Network Vivian Lusch Memorial Scholarship**

General and Academic Information

Please type or print

Last Name:	First Name:	Middle Initial:
Address:	City:	State: Zip:
Home Telephone:	Work Telephone:	
Date of Birth:	E-Mail:	

Educational Background

Name of Schools/Institutions Attended	Dates Attended (start date/ end date)	Certificate/Degree (date received)	List any Grades/honors/awards received
High School or GED:			
Last grade completed:			
Technical/Vocational:			
Special Job Training:			
Apprenticeships/Internships:			
College:			

What are your professional goals? _____

If selected, the institution where training/education would take place: _____

Cost (tuition, books, and off-campus room/board): _____

Have you already been accepted at this institution? _____

Volunteer activities (family, neighborhood/community, church): _____

Interests/hobbies/talents/athletics: _____

**Marshall Community Foundation
Network Vivian Lusch Memorial Scholarship**

**Financial Information
(Confidential)**

Employment Background

Employer	Begin-End Dates	Position – Hours/Week	Duties

Household income level
(please check one):

- \$10,000 or less
- \$10,000 - \$20,000
- \$20,000 - \$30,000
- \$30,000 - \$40,000
- \$40,000 - \$50,000
- \$50,000 and above

Household Size (total number of all adults and children, including yourself): _____

Total number of adults: _____

Total number of children 12 and under: _____

Total number of youth age 13 to 18: _____

Are you head of household? _____

Please describe any unusual financial/ hardship circumstances in your household:

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 officers and trustees of the Foundation, and to any other person authorized by the Foundation when reviewing the information. Verification may be obtained from any source. We hereby release from liability any person submitting information to the Foundation for use in the selection of the scholarship recipients.

Applicant's signature: _____ **Date:** _____
(Application must be submitted with original signature, not copied or faxed.)

How did you hear about the Network (Vivian Lusch) Memorial Scholarship?

Application
ESSAY QUESTIONS

GOALS: Please carefully describe your personal ambitions and educational goals. Your response should be no more than three (3) double-spaced pages and must include answers to the following four (4) questions:

1. How will the planned education, seminar, or workshop assist you in meeting your goals?
2. Why have you made the decision to pursue additional education or attend a seminar/workshop at this time?
3. What steps have you already taken toward achieving your goals?
4. How do your goals relate to your financial independence?