



Boone County Friends of Marshall Scholarship

The Boone County Friends of Marshall Scholarship was established to recognize and honor graduating seniors from Boone County who plan to attend Marshall University.

Applications are currently being accepted for the 2018-2019 academic year. This scholarship may be used for educational expenses (tuition, fees, books, and living expenses). Representatives from Marshall University may make final determination as to the scholarship recipient. Disbursement of funds will be coordinated via the Financial Aid Office at Marshall. The criterion for the scholarship is listed below.

ALL APPLICANTS MUST:

- a. Have applied to Marshall University for the upcoming academic year.
- b. Exhibit financial need. Complete and submit appropriate financial aid forms (FASF) to Marshall University. This is important, as the Marshall University Financial Aid Office will screen all applicants for eligibility. The scholarship will be administered by Marshall University.
- c. Have an overall grade point average of 3.0 or above
- d. Submit to the Chairman of the Scholarship Selection Committee a transcript of grades and current ACT scores.
- e. Submit three (3) letters of reference (attach to the application)—two (2) teacher and one (1) personal.

The recipient will receive a one time \$500 award from the Boone County Friends of Marshall and will be recognized on Senior Awards Day.

Please complete and return this application to:

Chairman of the Scholarship Selection Committee
Boone County Friends of Marshall
PO Box 774
Danville, WV 25053

The application must be postmarked no later than March 30, 2019.

You may use additional pages if necessary.

AWARDS AND HONORS
(Academic, Curricular, and Extra-Curricular)

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

COMMUNITY/CHURCH INVOLVEMENT

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

STATEMENT OF FUTURE GOALS

ADDITIONAL INFORMATION TO SUPPORT APPLICATION

For example: other siblings in college, etc.

Boone County Friends of Marshall

SCHOLARSHIP APPLICATION

Name: _____
Last First Middle

Address: _____
PO Box or Street Address
_____ City State ZIP Code

Social Security Number: _____ Phone Number: _____

Date of Birth: _____ School: _____

Date of Graduation: _____

GPA: _____ ACT Composite Score: _____



I am requesting that a copy of my transcript and ACT scores be made available to the Boone County Friends of Marshall Scholarship Selection Committee. I also understand that this application and all information contained herein will remain confidential within the Scholarship Selection Committee and Marshall University.

Signature of Applicant

Date

Signature of Parent/Guardian

Date