

JOYCE L. FRANKE MEMORIAL SCHOLARSHIP
Marshall Community Foundation

APPLICATION CRITERIA

Scholarship(s) to be awarded to Marshall High School graduating senior(s), former graduate(s), or previous Joyce L. Franke Memorial Scholarship recipient(s) who plan to attend a 4-year institution and major in Fine Arts, Performing Arts, Theater or Architecture. Preference may be given to University of Michigan or Kalamazoo College. Qualifying applicants must demonstrate financial need and have a minimum GPA of 3.0.

Students must complete the application for scholarships administered by the Marshall Community Foundation. This Application can be downloaded from the Scholarship page at the Foundation website, www.marshallcf.org, or contact the Foundation Office at 269.781.2273 or info@marshallcf.org

Essay Questions: 1) Why have you chosen to go into your particular field of artistic study? 2) What goals and objectives have you set for yourself regarding college study and pursuit of a career in the creative arts? *NOTE: A portfolio of fine art, video, or cassette of musical performance must be submitted as part of the application process.*

Recommendation Letter: Two required- one from college professor and one from adult member of the community (not a family member).

Financial Criteria: *Yes, please complete financial aid information and return with scholarship application.*

GPA: Minimum 3.0

Application Process: **Return completed 4-page application, including recommendation letter(s), essay question(s), and any other qualifying criteria to:**

**Marshall Community Foundation
126 W. Michigan, Suite 202
Marshall, MI. 49068**

Applications must be delivered or postmarked by March 1

Marshall Community Foundation
Financial Information
to accompany
Scholarship Application

CONFIDENTIAL

Person providing financial information: _____
Name Address

Relation to applicant: _____ Total number of exemptions claimed: _____

PARENT(S)

Adjusted gross income
 (Can be found: Line 37 of Form 1040 or Line 21 of Form 1040A or Line 4 of Form 1040EZ): \$ _____

Federal, State & Local taxes paid:

Income Tax	\$ _____
Real Estate Tax	\$ _____
Other _____	\$ _____

Social Security Benefits: \$ _____

State or Federal Assistance (FIA, FID, etc.) \$ _____

Other untaxed income:

Child Support	\$ _____
Inheritance	\$ _____
Workmen's Comp	\$ _____
Other _____	\$ _____

Asset information:

Cash Savings	\$ _____
Stocks & Bonds	\$ _____
Other Real Estate/Investment	\$ _____

Other Real Estate/Investment Debt: \$ _____

Business/Farm Value: \$ _____

Business/Farm Debt: \$ _____

Other Debts/Describe:

Credit Cards	\$ _____
Car Loan	\$ _____
Other _____	\$ _____

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CONFIDENTIAL

List below dependent children. Indicate if attending School or College.
 (List student applicant first)

Name	Age	Name of School	Private/Public	Grade
_____	_____	_____	____/____	_____
_____	_____	_____	____/____	_____
_____	_____	_____	____/____	_____
_____	_____	_____	____/____	_____
_____	_____	_____	____/____	_____

Total amount expended for college/private schooling (tuition/room & board) for dependent children in current year.
 Do not include room and/or board for students living at home: _____

Please list any unusual financial circumstances or financial hardships in your household:
 (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.

Original signatures required

Signature of Student Applicant*	Date
Signature of Parent	Date

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

Name of Scholarship:



Marshall

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For good. For ever.

Certification

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Print Name: _____

PROCEDURES FOR APPLICATION

High School Seniors applying for a Scholarship must see that steps 1 – 4 listed below are completed in time for all material to be postmarked or delivered by the scholarship deadline to:

Marshall Community Foundation
126 West Michigan Avenue, Suite 202
Marshall, MI 49068.

Currently Enrolled College Students applying for a Scholarship must see that steps 1, 2, and 4 listed below are completed. In addition, an official copy of your cumulative college transcript must be attached to each application. All scholarship materials must be postmarked or delivered to the Foundation at the address above by the scholarship deadline.

- 1. Complete a Scholarship Application Form for each scholarship you are applying for. (Copies of this application can be made.)
2. Complete your portion of the essay question(s) that pertains to the Scholarship(s) you are applying for.
3. Request an official high school transcript, including test scores, and attach a copy to each application.
4. Attach the required Recommendation Letter(s) for the scholarship(s) you are applying for to each application.

If you have any questions regarding the Scholarship application, contact the Marshall Community Foundation.
Phone: 269.781.2273 Fax: 269.781.9747 email: info@marshallcf.org

APPLICANT INFORMATION

Name LAST FIRST MIDDLE

Permanent Address: STREET CITY STATE ZIP

Telephone Number: Date of Birth: MONTH/DAY/YEAR Male Female

FAMILY INFORMATION

Name of father stepfather guardian:

Address: STREET CITY STATE ZIP

Name of mother stepmother guardian:

Address: STREET CITY STATE ZIP

SCHOOL INFORMATION

Name of School you are currently attending: Graduation Date: MONTH/YEAR

Your classification in the fall: Freshman Sophomore Junior Senior Graduate

Will you be a full-time student? Yes No Current or anticipated Major field of study:

What College/University will you be attending in the Fall, or to what Colleges/Universities are you applying to (please list in order of your preference):

Blank lines for listing colleges/universities.

WORK EXPERIENCE

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

- Employer Name
- Nature of employment
- Whether the work was seasonal or all year
- Average number of hours per month

	Employer	Nature of Work (Include Supervisory Positions)	Seasonal/ Yearly	Hours/ Summer
Year 1				
Year 2				
Year 3				
Year 4				

Before you submit this application, please review the checklist below to ensure the scholarship application is complete and **ALL** required criteria are included. If you are unsure of the scholarship criteria, check the Marshall High School Red Handbook or contact the Marshall High School Guidance Office or the Marshall Community Foundation.

- Completed all required areas and attached transcripts for each Scholarship Application being submitted.
- Completed and attached the corresponding essay to each scholarship application submitted.
(Note: Your name and name of scholarship should be on each essay.)
- Checked for any additional materials needed for scholarship(s) submitted (art portfolio, audio or videocassette).
(Note: Your name and name of scholarship should be on all items being submitted.)
- Completed and attached Financial Aide form (if required) to scholarship application.
(Note: Financial Aide forms are available at the Marshall High School Guidance Office or the Marshall Community Foundation.)
- Attached recommendation letter(s) to each scholarship application submitted.
(Note: Each scholarship requires specific recommendations)