

HEROLD AND RETTA REUSS PUBLIC SAFETY SCHOLARSHIP
Marshall Community Foundation

APPLICATION CRITERIA

The Herold and Retta Reuss Public Safety Scholarship is awarded to one or more Marshall High School or Marshall Alternative High School graduates, previous recipients or Marshall area residents who are pursuing a career in the Criminal Justice, Emergency Medical Services, or other related fields, such as but not limited to, Fireman, Policeman, Legal Secretary or Dispatcher. Qualifying applicants must demonstrate the drive and ability to be successful in pursuing a college education and/or a certification process in the fields aforementioned. Financial need may be a deciding factor. Minimum GPA not required.

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: What field have you chosen to pursue in your studies? What made you decide to pursue this career? How do you hope to impact the community around you?

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

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

GPA: N/A

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 April 1.

Marshall Community Foundation Financial Aid Form
Scholarship Information
CONFIDENTIAL

Financial Information is to be based on the information provided on the current financial aid form (FAFSA)

Name of person whose financial information is shown below: _____

Total number of exemptions claimed on current financial aid form: _____ Household size: _____

Total number of exemptions expected to be claimed on next financial aid form: _____ (Include student applicant)

| | PARENT(S) | STUDENT (& SPOUSE) |
|---------------------------------------|------------------|-------------------------------|
| Adjusted gross income: | \$ _____ | \$ _____ |
| Federal, State & Local taxes Paid: | | |
| Income Tax: | \$ _____ | \$ _____ |
| Real Estate Tax: | \$ _____ | \$ _____ |
| Other: | \$ _____ | \$ _____ |
| Social Security Benefits: | \$ _____ | \$ _____ |
| ADFC/ADC: | \$ _____ | \$ _____ |
| Other untaxed income: | \$ _____ | \$ _____ |
| Asset information: | | |
| Cash Savings: | \$ _____ | \$ _____ |
| Stocks & Bonds: | \$ _____ | \$ _____ |
| Other Real Estate/Investment: | \$ _____ | \$ _____ |
| Other Real Estate/Investment Debt: \$ | _____ | \$ _____ |
| Business/Farm Value: | \$ _____ | \$ _____ |
| Business/Farm Debt: | \$ _____ | \$ _____ |
| Other Debts/Describe: | \$ _____ | \$ _____ |

Marshall Community Foundation Financial Aid Information

Scholarship Information

CONFIDENTIAL

Please list all dependent children below
(list student applicant first)

If attending school or
College, please indicate.

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

Total amount expended for current year for college/private schooling (tuition/room & board) for dependent children. Do not include room and 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 consent 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 to review 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 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.