



Marshall Community Foundation

TOM & LUCY FRANKE EDUCATION ENRICHMENT SCHOLARSHIP

Dear Applicant:

Tom and Lucy Franke Education Enrichment Scholarship was established for:

***Students* seeking educational enrichment opportunities, such as, but not limited to:**

- Weekend seminars
- Interlochen or Blue Lakes Fine Arts Camp
- Math or Science Camps
- Regional, National or International travel for educational purposes

Scholarship will be granted to students enrolled in Marshall Public Schools. The awarded scholarship amount for students will vary with the program, the financial needs of the student/applicant's family, the funds available for distribution and at the discretion of the Marshall Community Foundation's Board of Trustees. The maximum scholarship will be \$500.00 per recipient. **Scholarship awards will be directed to the sponsoring institution.**

Educators seeking to enhance the existing curriculum with:

- Creation of special units in Science, Math, the Arts
- Necessary classroom/additional materials
- Student participation in special field trips to exceptional exhibits or involvement in other educationally sound experiences
- Guest faculty/speakers

Grants will be awarded to educators whose job description under the Marshall Public Schools master contract is teacher, special teacher or counselor.

Grants awarded to educators will vary with the program relative to the educators' proposals, the funds available for distribution and at the discretion of the Marshall Community Foundation's Board of Trustees. **The funds awarded will be directed to the Marshall Public Schools.**

Exclusions

- No sports-oriented programs or camps will be supported by this fund
- The fund will not support annual projects

**Marshall Community Foundation
SCHOLARSHIP APPLICATION**

Scholarship Application for: **Tom & Lucy Franke Enrichment
Education Scholarship for Students**

Please submit application and all requested information to:

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

Completed packet must be postmarked no later than April 1 or October 1

Last Name	First Name	Middle	
<hr/>			
Street	City	State	Zip
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Telephone	School	Grade	

Program you will be participating in: _____

What is the total cost of the program? _____

How much are you requesting from the fund? _____

Funds needed by? _____

(Be specific. Remember, funds cannot be directed to individuals for reimbursement.)

Please include information on separate sheet:

Participation in school activities; positions of leadership in school, community or religious organizations:

Employment information (if applicable) including names of employers; date and length of employment; position held:

Please write a paragraph describing the program in which you wish to participate. Enclose copies of any printed materials you may have regarding the program.

Describe your current and past studies in this field.

Please describe the financial need for the scholarship. How will you assist in raising the money to attend this program?

Please provide the information requested. Return application along with **one recommendation** from a Marshall Public Schools educator in the field related to the scholarship request. For example, a recommendation from a music teacher would be appropriate for a music camp scholarship application. A maximum award of \$500 is available per scholarship recipient.

Application must be delivered or postmarked by April 1 or October 1 to:

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

The undersigned acknowledge that the above application contains confidential and private information. The Marshall Community Foundation is made up of a Board or Directors drawn from the Marshall area, which Board appoints committees and hires staff from the Marshall area community. All information of a confidential and private nature stay within the Foundation records but it is further acknowledged that the information is shared with those members of the Board, staff and committees who need that information to evaluate applications for grants and scholarships.

STUDENT

APPLICANT: _____ **DATE:** _____

PARENT/GUARDIAN: _____ **DATE:** _____
(required for applicants under age 18)

Note: Scholarship checks will be directed to the sponsoring organization on behalf of the Enrichment Program recipient.