

**Marshall Community Foundation
SCHOLARSHIP APPLICATION**

Scholarship Application for: **Donald & Ruth Chadderdon Music
Enrichment Scholarship**

**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

Last Name	First Name	Middle	
Street	City	State	Zip
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.

Why are you seeking additional music education or training?

How do you see this impacting your future?

Please provide the information requested. Return application along with **two recommendations** from a music teacher and a High School educator/administrator. The amount to be awarded is determined annually.

**Application must be delivered or postmarked by April 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.