LEGACY SCHOLARSHIP

2021 APPLICATION

The Marysville School District Foundation LEGACY SCHOLARSHIP is awarded to dependents of Marysville School District classified or certified employees who are either high school seniors or high school graduates within five years of having graduated high school and have not previously received and used this scholarship. All Legacy Scholarships are awarded for the next academic year, fall 2021 through summer 2022.

ELIGIBILITY REQUIREMENTS:
To be eligible for the scholarship the applicant must:
- Be a dependent of a Marysville School District classified or certified employee;
- Be 18 years of age or older or be a graduating high school senior;
- Demonstrate financial need; and
- Be enrolled in or accepted by a college or post-secondary program (vocational or training program/school).

REQUIREMENTS

Please submit the following by the April 9, 2021 deadline:

☐ Fully completed scholarship application (see checklist);
☐ Current proof of acceptance by college, university, or certified post-secondary program;
☐ Proof of academic standing (i.e. most recent copy of transcript or report card); and
☐ Two letters of recommendation.

EMAIL COMPLETED APPLICATIONS TO msd25foundation@gmail.com

Subject Line: Legacy Scholarship – FULL NAME

You will receive a confirmation email of receipt, please follow up within 72 hours if not.

If you need to make arrangements to submit a physical application, please email us.

The DEADLINE for accepting applications is Friday April 9, 2021.

SELECTION TIMELINE:

Application Deadline 4/9/21
Selections Made 4/28/21
Winners announced at High School Award Ceremonies
APPLICATION FORM

Personal Information

Last Name: _______________________________ First Name: _______________________________

Address: __________________________________________________________________________

City: ___________________ State: ___________ Zip: __________________

Telephone Number: (_____________________ ) ________________________________

Email Address: ___________________________________________ Today’s Date __________

Educational Information

High School: __________________________________________________________________________

Year of Graduation: ___________________ GPA: __________________

College: ________________________________________________________________________________

City/State: ______________________________________________________________________________

Major / Intended Major: __________________ Full-Time or Part-Time (circle one)

Parent Name/Building Location/Position: _____________________________________________

SELECT ONE – Important to confirm correct selection:

☐ I am a dependent of a Marysville School District classified employee planning to attend a 2-year college, technical school, or 4-year university/college; OR

☐ I am a dependent of a Marysville School District certified employee planning to attend a 2-year college, technical school, or 4-year university/college

CHECKLIST:

_____ 1) Completed Application Form
_____ 2) Activity & Involvement Responses
_____ 3) Question Responses (5 Total)
_____ 4) Copy of College or University Acceptance Letter
_____ 5) Transcript(s)
_____ 6) Letters of Recommendation
FINANCIAL AID & SCHOLARSHIPS
List other types of aid and scholarships that you have applied for or been awarded for fall 2021.

EMPLOYMENT
List past and present employers, duration of employment, and hours per week worked.

ACADEMIC ACHIEVEMENTS
List honors and recognition related to academics, including the associated years.

COMMUNITY ACTIVITIES
List events or organizations that you have been involved with in the community. List hours involved and years associated.

HIGH SCHOOL EXTRA CURRICULAR ACTIVITIES
List athletics, student government, drama, music, and other activities. Include years associated.

SCHOLARSHIP QUESTIONS

ANSWER EACH OF THE FOLLOWING QUESTIONS IN 500 WORDS OR LESS.

1. What are your future goals, and what part has your high school experience played in this decision?

2. Why should this scholarship be awarded to you?

3. Briefly describe your financial need.

Please attach two letters of recommendation written by people from your school and/or community (non-family members).

By signing this scholarship application, I understand that my application materials will be shared amongst MSDF members and that selected portions of my application may be used in future marketing materials. I agree to allow the MSDF to announce my name as a recipient of this scholarship should I be selected. I also understand that if I do not provide required information as requested by the MSDF in a timely manner, I will forfeit my awarded scholarship, but I can reapply the following year if I am eligible.

Signed: ____________________________ Date: ____________________________