



Marshall Community FoundationSM

Working Together for Our Future

SULLIVAN FAMILY ENRICHMENT SCHOLARSHIP

The Sullivan Family Enrichment Scholarship was established through the Marshall Community Foundation by the family and friends of Thomas B. Sullivan. Mr. Sullivan was a long-time Boy Scout leader and an exceptional friend of the youth.

This scholarship is available to students preferably enrolled in Marshall Public Schools. The scholarship provides additional financial assistance to encourage students to participate in enrichment programs, such as, but not limited to, Philmont National, Boy Scout and Girl Scout camps, Interlochen music camp, educationally related national or international travel, Close-Up programs, school choir and FFA enrichment programs. Recipients are expected to raise, at least 50% of the necessary funds for participation in the enrichment activity. The amount of the award will vary. Monetary award will be directed to the recipient's chosen enrichment program on the recipient's behalf.

*****NOTE*****

Please follow the instructions carefully. Review and proof read your application. An incomplete application may result in denial of consideration and/or award. The following check list should prove helpful:

- _____ The application is postmarked/hand delivered *on or before April 1st*
- _____ You have been accepted into the program for which you are requesting funds
- _____ You have completed all sections of the application
- _____ You have included the total cost of the program, the amount you are requesting and the date the funds are needed
- _____ You have answered each question in detail on a separate sheet of paper
- _____ Your request is typed or neatly written
- _____ You have requested and included the required recommendation letter(s)

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. We hereby release from liability any person submitting information to the Foundation for use in the selection of scholarship recipients.

STUDENT

APPLICANT: _____
(Please Print)

PARENT/GUARDIAN: _____
(Please Print)

PARENT/GUARDIAN: _____ **DATE:** _____
(Signature)

