

# 200

**MARILYN WERLING MEMORIAL SCHOLARSHIP**  
**Application St. Henry High School**



This \$1,000.00 scholarship grant is intended for graduating seniors who plan a post-secondary major at an accredited 2 or 4-year college/technical institution. Student must have a minimum 3.0 GPA to apply, and must maintain a 3.0 in college. The \$1,000 scholarship will be made payable to the student and his or her university on July 1. Both academic standing and financial need will be considered. **Return applications to the Civic Foundation, postmarked by April 1 of the current year.**

Please type or *write neatly*:

Today's Date: \_\_\_\_\_

**Student Name** \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) - \_\_\_\_\_ E-mail: \_\_\_\_\_

**Class Rank:** \_\_\_\_ out of \_\_\_\_     **Current GPA** \_\_\_\_\_     **Cumulative GPA** \_\_\_\_\_     **ACT Score** \_\_\_\_\_

School/Extracurricular/Community activities (or you may attach a separate sheet):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College/University you will attend:

\_\_\_\_\_

**Intended Major:** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Full Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Full Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

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Please help us to determine *financial need* by supplying the following:

**EXPECTED FAMILY CONTRIBUTION** (from upper right corner, FAFSA, SAR report). \$ \_\_\_\_\_

**TOTAL SIZE OF THE PARENT’S HOUSEHOLD** during the current school year (include parents, yourself, siblings and other dependents) # \_\_\_\_\_

**TOTAL NUMBER** of family members currently enrolled at least half time in college: # \_\_\_\_\_

List any **UNUSUAL FAMILY EXPENSES** in the last year (medical, etc.): \_\_\_\_\_

**Estimated School Expenses next year:**

Tuition \_\_\_\_\_  
Books \_\_\_\_\_  
Room and board \_\_\_\_\_  
Other \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

**Estimated Financial Aid next year:**

Parents’ Contribution \_\_\_\_\_  
Grants \_\_\_\_\_  
Scholarships \_\_\_\_\_  
Federal Grant/Pell \_\_\_\_\_  
Stafford Loan \_\_\_\_\_  
Perkins Loan \_\_\_\_\_  
Bank/other Loan \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

Will you be working part time in college? \_\_\_\_\_

**Please attach the following: Copy of your *college acceptance letter*  
Copy of your *high school transcript***

**Please write a brief essay** (approximately 250 words) on why you wish to further your education and your plans for the future.

**I certify that all the information above is correct and accurate to the best of my knowledge.**

*Student Signature* \_\_\_\_\_

*Parent Signature* \_\_\_\_\_

**Questions?** Call the Foundation at **419-586-9950**.  
documents, **postmarked or delivered by April 1** to:

Send your application and attached

Mercer County Civic Foundation  
PO Box 439 – 119 W. Fulton St.  
Celina, OH 45822



P. O. Box 439, Celina, OH 45822