

# Marcile Watson & Marie Schulthess Scholarship

## **About the Donor**

Marie Schulthess established this scholarship to honor her long time friend, Marcile Watson. The Marcile Watson and Marie Schulthess Scholarship is awarded by Peoples Charitable Foundation.

## **Eligibility Criteria**

This scholarship is a renewable award of \$8,000 (payable at \$1,000/semester for up to four years) to a graduating senior from **DeKalb High School** (DeKalb County, Indiana) pursuing any field of study (four-year degree program preferred.) Financial need may be a consideration.

Applicant must also:

- Have a grade point average of 5.0 (C) or higher
- Be a resident of DeKalb County, Indiana
- Be a United States citizen

## **Required Forms**

- Scholarship Cover Page
- Completed Application
- High School Transcript (including SAT scores and rank in class)

## **Deadline to Apply**

Deadline is January 31st. Please submit your application and required documents to [Program@CFDeKalb.org](mailto:Program@CFDeKalb.org).

# Marcile Watson & Marie Schulthess Scholarship

## Cover Page

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

High School \_\_\_\_\_

All information provided is kept confidential to protect your privacy.

### **Release of Records/Disclosure Agreement**

I grant permission for the high school guidance office to release a copy of my transcript to the individual or group responsible for awarding this scholarship.

I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship awarded.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ (mm/dd/yyyy)  
High School: \_\_\_\_\_ Graduation Year \_\_\_\_\_  
DeKalb County, Indiana Resident: \_\_\_\_\_ United States Citizen: \_\_\_\_\_ Gender: \_\_\_\_\_

## FAMILY INFORMATION

Name of father, stepfather or guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Name of mother, stepmother or guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Check if applicable:  Father deceased  Mother deceased  Parents divorced  
Ages of other children in your family: \_\_\_\_\_ # of family members in college: \_\_\_\_\_

## COLLEGE INFORMATION

Year in college (upcoming academic year): \_\_\_\_\_  
College or University attending: \_\_\_\_\_  
City and State of School: \_\_\_\_\_  Full-time  Part-time  
Major field of study: \_\_\_\_\_  
If part-time, # of credit hrs per sem.

## CAREER GOALS

Write a brief statement describing your career goals in the space below

Last Name:

First Name:

**SCHOOL ACTIVITIES**  
List your extracurricular activities in the order of importance to you.

Activity	Grade Participated (9,10,11,12)	Role or Leadership Position Held

**AWARDS AND HONORS**  
List any awards and honors you have received during high school.

Award or Honor Received	Grade	Criteria Award Based On

**COMMUNITY SERVICE**  
These volunteer services must have taken place **outside** of school hours.

Organization	Grade	Description of Services	Hours (Total or per week)

**EMPLOYMENT AND INTERNSHIPS**  
List your work and/or intern experience beginning with the most recent position.

Organization	Type of Work	Dates Employed or Internship	Hours (Total or per week)

# ESSAY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

*Write your essay in the space provided below. The margins, font and font size are set and should not be changed.*

Who or what inspired you to study in the field you have chosen? Aside from academics, how have you prepared yourself for college?

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