

## Outside Scholarships hosted on the website of The Community Foundation DeKalb County

### Submission Instructions:

- Complete the included application from the organization
  - Be sure to include all required forms as listed
  - Include a copy of your transcript
- Save your application and all required forms as one document, naming the file as follows:
  - Last Name\_First Name\_Scholarship Name
  - Ask your school Guidance Office for assistance if you need to print the documents first and then scan them to create one individual file.
- Submit your completed application to [Program@CFDeKalb.org](mailto:Program@CFDeKalb.org) by **January 31<sup>st</sup>**
  - The subject of your email should include the scholarship name
  - Make sure you attach the file containing your application and required documents

The Community Foundation hosts this application on their website and collects the applications on behalf of our partner organization. The Foundation and its staff are not involved in the selection process. Questions regarding scholarship policies should be directed to the individual organization sponsoring this scholarship.

# 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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