



APPLICATION MARIETTA COLLEGE SCHOLARSHIP

**DEADLINE: ALL APPLICATIONS ALONG WITH ALL REQUIRED DOCUMENTS
MUST BE RECEIVED BY DECEMBER 11, 2017**

FULL NAME _____

ADDRESS: _____

TELEPHONE NUMBER: _____ PARENT/GUARDIAN: _____

EMAIL ADDRESS: _____

HIGH SCHOOL ATTENDED: _____ GRADUATION DATE: _____

GPA/SCALE: _____
(PLEASE PROVIDE TRANSCRIPTS)

ACT/SAT SCORES: _____
(PLEASE PROVIDE VERIFICATION)

HAVE YOU BEEN ACCEPTED TO MARIETTA COLLEGE? ____ YES ____ NO

ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED WHILE ATTENDING HIGH SCHOOL:

EXTRA CURRICULAR: _____

ATHLETIC: _____

CIVIC: _____

PLEASE LIST EMPLOYMENT HISTORY, IF ANY:

<u>DATE</u>	<u>NAME & ADDRESS OF EMPLOYER</u>	<u>POSITION</u>
FROM: _____	_____	_____
TO: _____	_____	_____
FROM: _____	_____	_____
TO: _____	_____	_____
FROM: _____	_____	_____
TO: _____	_____	_____

SETTLERS BANK SCHOLARSHIP
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NAMES, TITLES AND ADDRESSES OF INDIVIDUALS YOU HAVE ASKED TO PROVIDE REFERENCE LETTERS EVIDENCING YOUR WORTHINESS OF THIS SCHOLARSHIP. PLEASE PROVIDE AT LEAST THREE REFERENCES.

EXPLAIN ANY SPECIAL CIRCUMSTANCE OR NEED THAT YOU HAVE WHICH YOU BELIEVE WILL AFFECT THE BANK'S CONSIDERATION OF YOUR APPLICATION (THESE APPLICATIONS ARE HELD IN STRICT CONFIDENCE BY THE COMMITTEE):

PLEASE ATTACH A COVER LETTER EXPLAINING YOUR PROFESSIONAL OBJECTIVES AND INCLUDE WHY YOU FEEL YOU ARE DESERVING OF THIS SCHOLARSHIP.

SIGNATURE _____

DATE: _____

MAIL APPLICATION ALONG WITH COVER LETTER TO:

SETTLERS BANK
SCHOLARSHIP COMMITTEE
P.O. BOX 755
MARIETTA, OH 45750

NOTE: TRANSCRIPTS AND REFERENCE LETTERS SHOULD BE SENT TO THE SAME ADDRESS