

MARSHALL COMMUNITY SERVICES - SCHOLARSHIP APPLICATION

RETURN COMPLETED APPLICATION TO MCS OFFICE

Electronically - MCS6767@ci.marshall.mn.us"

344 West Main Street

Marshall, MN 56258

Call 507-537-6767 with questions.

Applicant

Name	Place of Employment
Address	Work Phone Number
City, State, Zip	Cell Phone Number
Home Phone Number	Email Address

Co-Applicant

Name	Place of Employment
Address	Work Phone Number
City, State, Zip	Cell Phone Number
Home Phone Number	Email Address

List monthly income below and attach supporting documentation:

Total earnings (all jobs)
(Before deductions)

SS/Pension/
Retirement

UE/Workman's
Comp/Strike
Benefits

Welfare/AFDC/
ADC/Alimony
Child Support

All other income
received monthly

Last Name, First Name

1. _____
2. _____

Total Household Members _____

Total Household Monthly Income \$ _____

List all Children Below:

Name of Case Worker: _____

	Last Name	First Name	Name of School	DOB	Grade
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Signature: I certify that all the above information is true and correct and that all income is reported and have attached supporting documentation. I hearby give permission to Marshall Community Services to verify this information. I understand that if any information on this application form is found to be incorrect, my privileges of applying for scholarship funding could be revoked. By signing below, I understand the scholarship guidelines and requirements of the application.

Signature of applicant

Date

FOR MCS USE ONLY

_____ APPROVED FULL SCHOLARSHIP

_____ APPROVED REDUCED SCHOLARSHIP

_____ DENIED

REASON FOR DENIAL:

_____ INCOME TOO HIGH

_____ INCOMPLETE APPLICATION

_____ OTHER (REASON) _____

Signature of official determining status

Date