

*Dr. Marshall E. Hollis Family Scouting
Scholarship Fund*
APPLICATION

NAME _____ SEX _____

HOME ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL ATTENDED _____

PARENTS' OR GUARDIANS' NAMES _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

NUMBER OF CHILDREN LIVING AT HOME _____

NUMBER OF CHILDREN IN COLLEGE _____

IS OUTSIDE FINANCIAL ASSISTANCE NECESSARY TO BEGIN AND COMPLETE A
FOUR-YEAR EDUCATION? YES NO

IF YES, PLEASE EXPLAIN WHY _____

DO YOU PLAN TO BE A FULL-TIME STUDENT? _____ PLEASE EXPLAIN
YOUR FUTURE PLANS/FIELD OF STUDY: _____

GIVE NAMES OF COLLEGES TO WHICH YOU HAVE APPLIED _____

HIGH SCHOOL GRADE POINT AVERAGE _____ ACT SCORE _____

CLASS RANK _____ SAT SCORE* _____ VERBAL _____ MATH _____

*IF AVAILABLE

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LIST ALL EXTRA CURRICULAR ACTIVITIES DURING YOUR HIGH SCHOOL CAREER, BOTH IN SCHOOL AND OUTSIDE OF SCHOOL. (Attach a separate sheet if necessary)

Activity	Dates

To be eligible for the scholarship, a student must:

1. Be an Eagle Scout (boys) or a Gold Award Scout (girls) – attach certificate or other form of proof.
2. Be a graduating senior from a high school in the 12 Counties of the Yocona Area Council
3. Have a minimum GPA of 2.5, and a minimum ACT score of 18.
4. Plan to enroll in college as a full-time student.
5. Show examples of leadership in community or school programs.

The winner of this scholarship will receive a one time award paid directly to a college or university.

RETURN APPLICATIONS TO YOUR HIGH SCHOOL GUIDANCE COUNSELOR BY MARCH 10, 2023.