Dr. Marshall E. Hollis Family Scouting Scholarship Fund APPLICATION

NAME SE	EX
HOME ADDRESSPHONE NUMBER_	
CITYSTATE 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 COMPL	LETE A
FOUR-YEAR EDUCATION? YES NO NO	
IF YES, PLEASE EXPLAIN WHY	
DO YOU PLAN TO BE A FULL-TIME STUDENT?PLEASE E YOUR FUTURE PLANS/FIELD OF STUDY:	
GIVE NAMES OF COLLEGES TO WHICH YOU HAVE APPLIED	
GIVE NAMES OF COLLEGES TO WHICH TOO HAVE AFFLIED	
HIGH COURSE OF A DE BODIT A VEDA CE	
HIGH SCHOOL GRADE POINT AVERAGEACT SCORE	
CLASS RANKSAT SCORE*VERBALMATH	[
*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 8, 2024.