

Name \_\_\_\_\_

Due on or before Friday, March 3, 2023

Return to School Counseling Office

### **Martha Seeser Verfaillie Memorial Scholarship**

The Martha Seeser Verfaillie Memorial Scholarship has provided educational support to Clinton High seniors planning to further their education since 1978. Martha was born and raised in Clinton, graduating from Clinton High School.

The scholarship amount is interest based. The actual amount is not available until the spring of each year. Last year, three scholarships were awarded.

As an applicant, you must do the following:

- Complete an application form.
- Write a letter of application expressing reasons why you should be selected.
- List the name and address of someone that knows you well and is willing to write a letter of recommendation for you.
- Enclose a transcript.

Financial need, leadership qualities, and concern for others shall be among the factors considered for the award.

The scholarship winner shall make the choice of university or college to attend. After being accepted by the institution chosen, the scholarship donors will remit the scholarship money to the designated university or college with the amount being credited to recipient's "Student Account" upon enrollment.

In the event the scholarship recipient fails to use the scholarship as required and intended, the amount, or portion remaining thereof, shall be returned to the scholarship fund for use in ensuing years.

**Martha Seeser Verfaillie Memorial Scholarship**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent's address if different from above \_\_\_\_\_

CHS GPA & rank \_\_\_\_\_ College you hope to attend \_\_\_\_\_

Planned major area of study and anticipated vocation \_\_\_\_\_

Activities at CHS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors or recognition received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of younger brothers and sisters \_\_\_\_\_ Number of older brothers and sisters \_\_\_\_\_

Number of them who will be in college next fall \_\_\_\_\_

List the name and address of person willing to write a letter of recommendation on your behalf:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian

Due to Counseling Office on or before March 3, 2023