

# MCCRTA SCHOLARSHIP Application

Name of Student \_\_\_\_\_  
(first) (middle) (last)

Home Address \_\_\_\_\_  
(City) (State) (Zip Code)

Email \_\_\_\_\_ Phone \_\_\_\_\_  
(Cell or Home)

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

G.P.A. \_\_\_\_\_ Planned College Major \_\_\_\_\_

List Colleges applied or been accepted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
(Phone No. \_\_\_\_\_)

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
(Phone No. \_\_\_\_\_)

Anyone in family a teacher? (Yes / No) (Who) \_\_\_\_\_  
\_\_\_\_\_

Anyone in family a MCCRTA member? (Yes / No) (Who) \_\_\_\_\_  
\_\_\_\_\_

List any financial aid you will be receiving (including other scholarships,  
loans or grants) \_\_\_\_\_  
\_\_\_\_\_

How do you plan to finance your college education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extra Curricular activities** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Awards or Honors** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Community Service** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment** \_\_\_\_\_

\_\_\_\_\_

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**ESSAY: "How do teachers influence the lives of students?"**  
(attach the typed essay to this application along with a current transcript and return to your high school counselor by April 1st.)

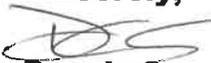
**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Counselor's Signature** \_\_\_\_\_

**Counselor's Phone No.** \_\_\_\_\_

**The Marion City/County Retired Teachers Association Scholarship Committee looks forward to receiving your application. The school and winners will be notified.**

**Sincerely,**  
  
**Dennis Swartz**  
**Scholarship Chairman**  
**740-225-5499**