



**Memorial Scholarship**

**Scholarship Application Form**

The Dorothy Olson Scholarship is intended for the non-traditional student. Specific criteria are as follows:

- A post high school student pursuing academic or vocational training at an accredited college, university, or trade school, or
- A post high school student, who, having been in the work force, is attempting to better their career standing, or change careers by pursuing an academic or trade degree on greater than a half-time status.

*Please include your name on each page and number all the pages included with your application.*

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

High school(s) attended \_\_\_\_\_

Year of high school graduation or last year attended \_\_\_\_\_

Post high school education to date \_\_\_\_\_

Post high school degrees/certifications earned \_\_\_\_\_

Institution you will be attending in scholarship year \_\_\_\_\_

Are you currently enrolled or have you been accepted for the coming term? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PLEASE ATTACH AT LEAST TWO LETTERS OF REFERENCE.** Reference information:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to you (employer, colleague, teacher, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to you (employer, colleague, teacher, etc.) \_\_\_\_\_

**ON SEPARATE PAPER, PLEASE COMPOSE AN ESSAY (2 PAGE LIMIT) DESCRIBING YOUR GOALS FOR THE NEXT SEVERAL YEARS AND WHY YOU ARE APPLYING FOR THE DOROTHY OLSON SCHOLARSHIP. ALSO INCLUDE YOUR WORK HISTORY AND COMMUNITY SERVICE EXPERIENCE.**

Applications must be received or postmarked no later than March 31, 2017

*Send completed application and all correspondence to:  
Marshfield Area Community Foundation, PO Box 456, Marshfield, WI 54449  
Phone: 715/384-9029. Email: [macf@marshfieldareacommunityfoundation.org](mailto:macf@marshfieldareacommunityfoundation.org)*