

1544TH MEMORIAL SCHOLARSHIP IN THE NAME OF SHAWNA MORRISON

This \$500 scholarship will be awarded in memory of Shawna Morrison to a high school senior of Paris Cooperative High School planning to further his/her education in any recognized college or university.

Other criteria for selection will involve:

Check List

- 1. GPA
- 2. ACT or SAT scores
- 3. Extracurricular activities
- 4. Household demographics
- 5. Volunteering
- 6. Personal Essay
- 7. Recommendations

The selection will be articulated by the scholarship decision board. This board is made up of 1 PCHS board member, 1 PCHS teacher, and 1 PCHS administrator. The board will have no family members or relatives involved in the selection process. At the conclusion of the selection process, **the Morrison family will review the top 3 applicants** and present the awards to the recipients in a manner of their choosing that best represents the memorial.

Submissions must be sent to:

Paris Cooperative High School Guidance Office
c/o Cyndi Patrick, Scholarship Coordinator for
the Edgar County Community Foundation, Inc.

For questions regarding this award, call Cyndi Patrick, 217-465-2003

In the event that the recipient receives a full-ride scholarship from another source, this scholarship award will be deemed null and void.

1544TH MEMORIAL SCHOLARSHIP IN THE NAME OF SHAWNA MORRISON

Date _____ Gender _____ Phone _____

Name _____

Address _____

Date of Birth _____ Present Grade in School _____

Please provide the following:

	NAME	OCCUPATION
Father:		
Mother:		

Name of step-mother, step-father, and/or guardian if applies.

How many brothers and sisters do you have? _____

- A. How many are younger than you? _____
- B. How many are older than you? _____
- C. How many will be in high school this year? _____
- D. How many will be in college or trade school? _____

University, College, or Institution you will be attending: _____

The scholarship will be issued to the institution of higher learning the award winner is attending. The monetary award may be applied to tuition, books, or required fees as directed by the institution.

I hereby apply for the above scholarship and certify that the information in this entire application is true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may cause this application to be void and any scholarship received to be rescinded.

Applicant's signature

I certify that the above confidential information is true, complete and correct to the best of my/our knowledge and belief. I understand that any misstatement by the undersigned could cause this application to be void and any scholarship received in reliance on this information will be rescinded. I give permission for the scholarship committee to access my student's school records regarding attendance and discipline.

Applicant's parent or guardian signature

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Office Use Only

Current GPA _____

ACT Score _____ or SAT Score _____

Please attach a current high school transcript including first semester of senior year.

List three personal references: (Do not list family members)

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Applicant's estimate of educational expenses for the school year:

Books: _____

Tuition: _____

Room & Board: _____

Any other expenses, please explain:

State reasons for attending college and course of study you intend to pursue.

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List any other family members currently enrolled in an institution of higher learning and their approximate expenses:

Additional comments applicant may wish to provide:

List any extracurricular activities you have participated in:

Explain the benefit/enjoyment you have received from providing one form of community service.
(Please attach)

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