

MARSHALL COMMUNITY SERVICES - SCHOLARSHIP APPLICATION

Return completed application to MCS Office: 344 W Main Street, Marshall, MN 56258

Electronically: mcs6767@ci.marshall.mn.us

507-537-6767

Applicant

Co-Applciant

Name

Place of Employment

Address

Work Phone Number

City, State, Zip

Cell Phone Number

Home Phone Number

Email Address

Name

Place of Employment

Address

Work Phone Number

City, State, Zip

Cell Phone Number

Home Phone Number

Email Address

List monthly income below:

Total earnings (all jobs) (Before deductions) _____
SS/Pension/Retirement _____
UE/Workman's Comp/Strike Benefits _____
Welfare/AFDC/ADC/Alimony Child Support _____
All other income received monthly

Household Members (Last Name, First Name):

1. _____
2. _____

List all Children below:

Total Household Members: _____

Last Name	First Name	Name of School	DOB	Grade
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Signature: I certify that all of the above information is true and correct and that all income is reported. MCS officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable local and state laws.

Signature of applicant

Date

FOR MCS USE ONLY:

APPROVED FULL SCHOLARSHIP

DENIED

REASON FOR DENIAL:

INCOME TOO HIGH

INCOMPLETE APPLICATION

OTHER (REASON)

Signature of official determining status