

Charles J. Marshall Memorial Scholarship Application

Full Name: _____ Date: _____

Address: _____

College/Trade School Preference: _____

Major: _____ High School Class Rank: _____

Have you applied for admission? _____ Accepted? _____

Career Interests: _____

School/Civic Activities – Attach additional pages if necessary.

9th: _____

10th: _____

11th: _____

12th: _____

Work/Job Experience: _____

Areas of Special Interest/Hobbies: _____

Other Scholarships Applied For: _____



Student's Signature