

First Name:I	Last		M.I
Mailing Address:	City:	State:	ZIP:
Daytime Telephone Number:	Email :		
Date of Birth: Month Day Year _			
Name of college presently attending or applied to:			
GPA on a 4.0 scale:			
(Required) Please attach proof of your GPA from your	our most recent official	school transc	ript. (College or H.S.)
Anticipated college graduation date: / / Month Day Year	lf acquired a GED, wh	nat date? N	/ / Month Day Year
In what semester, term and year will you be attending	ց college։ Winter/ Sprinç	g / Summer / I	Fall?
Name of College:			
Address:			
City/State/Zip:			
NOTE: Proof of acceptance (or acceptance letter) enrollment is required prior to disbursement of fu	-	_	a student, proof of
What specialty/major do you plan to pursue?	.		
How many credits/units will you be taking per semest	er?		
Estimated date of college/trade/vocational school gra	duation?		

Name:		
Address		
City, Sta	te, Zip:	
Phone N	umber of parent(s) or legal guardian: Primary:	Mobile:
Name:		
Address		
City, Sta	te, Zip:	
Phone N	umber of parent(s) or legal guardian: Primary:	Mobile:
	List expenses you expect to incur per	semester or quarter:
A. B.	Tuition: Books:	
C. D. E.	Room & Board: Other expenses-Describe below in comments section. Total:	
nents:		
List othe	r financial assistance you will receive per semester or quarte	er:
A. B. C.	Personal: Other Scholarship(s): Grants:	

Comments:

What are your educational and professional goals and objectives?
(Attach if preferred)
List any academic honors, awards, and/or memberships:
(Attach if preferred)
(Allacit ii preferred)
List your community service activities, athletics, hobbies, outside interests, and extracurricular activities:
(Attach if preferred)

Personal Essay					
Please explain how you have overcome adve	ersity and how tha	it adversity contribu	ted to the choices you now make in		
your life. How will your choices help you plan	for your future?	it adversity contribu	ted to the choices you now make in		
(Attach if preferred)					
If you receive a Marshalling Resources scholarship, would you be willing to speak and/or write something for our website on how we have helped you in working to achieve greatness?					
Please circle your response:	Yes	No	Maybe		

We are always interested in learning about how you heard about the Marshalling Resources scholarship. Please let us know how you heard about us.

The following items *must* be attached to this application in order for the application to qualify for review. *Incomplete applications will not be considered.*

- 1. **Two reference letters.** Return these completed documents in a sealed envelope. One letter must be from a teacher and one must be from an adult leader in an athletic program, community project or volunteer program you have participated in.
- 2. Most recent OFFICIAL high school or college transcript.
- 3. Personal essay.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Marshalling Resource's scholarship program.

Signature of scholarship applicant: _		
Date:	_	

~ REMEMBER ~

Print, sign, and date the application. Return all required materials to:

MARSHALLING RESOURCES 11700 Preston Road Suite 660 #537 Dallas, TX 75230 Fax: (972) 699-9048