

*Dr. Marshall E. Hollis Family Scouting*  
*Scholarship Fund*  
**APPLICATION**

NAME \_\_\_\_\_ SEX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

PARENTS' OR GUARDIANS' NAMES \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

NUMBER OF CHILDREN LIVING AT HOME \_\_\_\_\_

NUMBER OF CHILDREN IN COLLEGE \_\_\_\_\_

IS OUTSIDE FINANCIAL ASSISTANCE NECESSARY TO BEGIN AND COMPLETE A  
FOUR-YEAR EDUCATION? YES ☐ NO ☐

IF YES, PLEASE EXPLAIN WHY \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DO YOU PLAN TO BE A FULL-TIME STUDENT? \_\_\_\_\_ PLEASE EXPLAIN  
YOUR FUTURE PLANS/FIELD OF STUDY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GIVE NAMES OF COLLEGES TO WHICH YOU HAVE APPLIED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HIGH SCHOOL GRADE POINT AVERAGE \_\_\_\_\_ ACT SCORE \_\_\_\_\_

CLASS RANK \_\_\_\_\_ SAT SCORE\* \_\_\_\_\_ VERBAL \_\_\_\_\_ MATH \_\_\_\_\_

\*IF AVAILABLE

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**LIST ALL EXTRA CURRICULAR ACTIVITIES DURING YOUR HIGH SCHOOL CAREER, BOTH IN SCHOOL AND OUTSIDE OF SCHOOL. (Attach a separate sheet if necessary)**

Activity	Dates

**To be eligible for the scholarship, a student must:**

- 1. Be an Eagle Scout (boys) or a Gold Award Scout (girls) – attach certificate or other form of proof.**
- 2. Be a graduating senior from a high school in the 12 Counties of the Yocona Area Council**
- 3. Have a minimum GPA of 2.5, and a minimum ACT score of 18.**
- 4. Plan to enroll in college as a full-time student.**
- 5. Show examples of leadership in community or school programs.**

**The winner of this scholarship will receive a one time award paid directly to a college or university.**

**RETURN APPLICATIONS TO YOUR HIGH SCHOOL GUIDANCE  
COUNSELOR BY MARCH 8, 2024.**