Dr. Marshall E. Hollis Family Scouting Scholarship Fund APPLICATION

NAME			SEX
HOME ADDRESS			
CITY	STATE	ZIP	
HIGH SCHOOL ATTENDED		A STATE OF THE PARTY OF THE PARTY.	
PARENTS' OR GUARDIANS' NAM	/IES		200
FATHER'S OCCUPATION		*	- augusta accus
MOTHER'S OCCUPATION			, i
NUMBER OF CHILDREN LIVING	АТ НОМЕ	Secretary of the Commission of	-
NUMBER OF CHILDREN IN COLL	LEGE		The second secon
IS OUTSIDE FINANCIAL ASSISTA	ANCE NECESS	ARY TO BEGIN	AND COMPLETE A
FOUR-YEAR EDUCATION? YES	s 🔲 NO 🗀		
IF YES, PLEASE EXPLAIN WHY	Υ	and the same of th	
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DO YOU PLAN TO BE A FULL-	TIME STUDE	ENT?	_PLEASE EXPLAIN
YOUR FUTURE PLANS/FIELD OF	STUDY:		The second secon
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GIVE NAMES OF COLLEGES T	O WHICH YO	OU HAVE APPL	IED
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HIGH SCHOOL GRADE POINT	AVERAGE _	ACT	SCORE
CLASS RANKSAT SCOR	Œ*	VERBAL	MATH
*IF AVAILABLE			

Dr. Marshall E. Hollis Family Scouting Scholarship Fund

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
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To be eligible for the scholarship, a student must:

- 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.