



Application #

STEPHENSON FAMILY SCHOLARSHIP APPLICATION FORM

RETURNING STUDENTS -- YEAR 2, 3, OR 4

**STUDENT APPLICATION - STUDENT MAJORING IN HEALTH RELATED
OR BUSINESS FIELD**

Only full time students are eligible -- minimum of 12 credit hours.

Please type or print legibly, using ink.

Failure to complete all information required will result in disqualification of applicant.

Return this form no later than April 2, 2012, to

Murray School
Stephenson Scholarship
216 Sherman St
Murray, Ia. 50174

or email to msfscholarships@gmail.com

Put personal information on this sheet only. A number will be assigned each application and selection will be made with no knowledge of the individual identity of the applicants.

Student Name

Address

City State Zip

Telephone Number

By submitting this application, I certify that all information is true and accurate.

Date

Stephenson Family Scholarship Application Form
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Educational Institution you are currently attending

Will you be attending the same institution next year?

If no, what college will you attend?

Address of college

Year in college next year

Major course of study

Cost of one year at this school:

Tuition

Room and Board

Books

Miscellaneous

(Please list)

College Activities, Awards, Honors (Please indicate if you have served in a leadership role.)

Have you done any volunteer work? If so, please describe.

What responsibility will you take in paying for your own college?

Include an official college transcript for your first year of college.

Provide 2 letters of recommendation from your college instructors using the 2012-Stephenson-Returning-Student-Recommendation-Form.

In a short statement (300 words or less) please explain why you are deserving of this scholarship.