

# Miami County Foundation

317 N. Wayne St., P.O. Box 1526 Piqua, OH 45356-1526 937-773-9012 Phone/Fax  
www.miamicountyfoundation.org email: mcf@woh.rr.com

The **Marjorie Lyons Netzley Scholarship** is available to Darke & Miami County residents who pursue a health/medical related degree. The recipient may qualify to renew the scholarship. This scholarship may not be awarded each year, call the office to inquire before completing the application 937-773-9012.

<b>Marjorie Lyons Netzley Scholarship Application</b>
---

*(Typed application is preferred)*

Name \_\_\_\_\_

Address of Applicant \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_ Sex M or F

I am: (check only one that applies)

\_\_\_ a high school senior

\_\_\_ currently attending college in an undergraduate program

\_\_\_ attending graduate or professional school

\_\_\_ returning to college or technical education after at least a 3 year absence

School District of Primary Residence \_\_\_\_\_

High School attended \_\_\_\_\_ GPA \_\_\_\_\_ Graduation Date \_\_\_\_\_

What scale is used for high school GPA, a 4.0, 5.0, etc? \_\_\_\_\_

ACT Scores \_\_\_\_\_ SAT Scores \_\_\_\_\_

Eng / Math / Science / Reading / Composite

Verbal / Math

Post secondary school currently attending \_\_\_\_\_ GPA \_\_\_\_\_ Graduation Date \_\_\_\_\_

**Attach your most recent high school or college transcript showing your cumulative GPA **(REQUIRED)****

**List your School Activities:**

<u>Year(s)</u>	<u>Activity</u>	<u>Office(s) held (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applicant Name** \_\_\_\_\_

**List your Community Service Activities:**

<u>Year(s)</u>	<u>Organization</u>	<u>Activity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List your Work Experience:**

<u>Year(s)</u>	<u>Employer</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Personal Statement**

**On a separate page, in 1,000 words or less and using 12 point font,** please describe unique characteristics, accomplishments, and experiences, which you feel we should consider in evaluating your application. Stress those qualifications which distinguish you from other applicants. For additional space, attach a separate page.

**Continuing Education Plans**

Where have you applied, been accepted or are currently attending?

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

What are your plans upon completion of your post high school education? Do you plan to return to Miami County?

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

Have you been granted scholarship aid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, **list each with amount and date awarded**

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

**Applicant Name** \_\_\_\_\_

**Check One:** Two-Parent Household \_\_\_\_\_ Single Parent Household \_\_\_\_\_ Self-Supporting \_\_\_\_\_

**Income Level:** Include both father & mother's income, for self-supporting applicant include spouse's income if married

\_\_\_\_\_ Below \$20,000                  \_\_\_\_\_ \$20,000-49,999                  \_\_\_\_\_ \$50,000-79,999  
\_\_\_\_\_ \$80,000-109,999                  \_\_\_\_\_ \$110,000-140,000                  \_\_\_\_\_ Above or greater than \$140,000

Father's/Spouse's or Self **Employer (circle one)** \_\_\_\_\_ Address \_\_\_\_\_

Mother's/Spouse's or Self **Employer (circle one)** \_\_\_\_\_ Address \_\_\_\_\_

Number of Siblings or Children (**circle one**) \_\_\_\_\_ Ages \_\_\_\_\_

Number of Siblings or Children in College \_\_\_\_\_ Name of College(s) \_\_\_\_\_

**Required signatures:** By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or state income tax form. If you purposely give false or misleading information, you will be disqualified.

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Applicant)

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Mother/Stepmother or Wife)

Print name \_\_\_\_\_

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Father/Stepfather or Husband)

Print name \_\_\_\_\_

**Must be postmarked no later than November 1 of the current year.** No application will be accepted via email. Your application won't be accepted if you omit any of the required signatures or if your school transcript and personal statements aren't attached.

Return your completed application, personal statement and transcript to **Miami County Foundation, 317 N. Wayne St., P.O. Box 1526, Piqua, OH 45356.** If mailing, please send only through the United States Postal Service.

Application will be scored in the following areas:

- Educational Plan
- Work Experience
- Community Involvement
- School Activities
- GPA
- Application - neatness, grammar, spelling, etc.
- Financial need