

# 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.

## Marjorie Lyons Netzley Scholarship Application

*(Typed application is preferred, if needed print clearly in ink. Additional pages may be attached)*

Name \_\_\_\_\_

Address of Applicant \_\_\_\_\_ County \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

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

Graduate of \_\_\_\_\_ School Graduation Date \_\_\_\_\_ Sex M or F

ACT Scores \_\_\_\_\_ SAT Scores \_\_\_\_\_  
Eng / Math / Science / Reading / Composite Verbal / Math

High School, College or Post-High School GPA cumulative at end of previous grade period: \_\_\_\_\_ **Attach your most recent grade report (required)**

**Extra Curricular/School Activities/Community Service:**

<u>Year(s)</u>	<u>Organization</u>	<u>Office(s) Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Personal Statement INCLUDING Work Experience and Community Activities**

Please describe unique characteristics, accomplishments, or 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.

**PLEASE NOTE:** The Review Committee is very interested in your work experience both past and present.

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

**Continuing Education Plans**

State your plans for enrollment in an accredited college, university, trade/vocational or nursing/health related facility.

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

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

\_\_\_\_\_

What are your plans upon completion of your post high school education?

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

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

**Income Level:** Include Both Father & Mother's Income, for Self-Supporting Applicant include spouse 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/Self **Employer** (**circle one**) \_\_\_\_\_ Address \_\_\_\_\_

Mother's/Spouse's/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/Wife)

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

Please return this two page completed application and any attachments (make certain your name appears on all pages) to:  
**Miami County Foundation, 317 N. Wayne St., P.O. Box 1526, Piqua, OH 45356-1526**

**Must be postmarked no later than November 1 of the current year.** No application will be accepted via email.