

Marion Joy Morse Scholarship Application

Due date: April 15

These scholarships are presented annually to students pursuing education in medical fields. Scholarships are renewable for four years of education

Applicant's full name: _____ DOB: _____

Mailing address: _____

Town of Residence: _____

Cell phone: _____ Home Phone: _____

Personal email: _____

Place of birth (town, state): _____

How many years have you attended MDI schools? _____

What MDI schools did you attend, and for which grades (ie: MDES, K-8, MDIHS 9-12)?

School or College applicant is planning to attend: _____

Course of study (must be medical): _____

How many years do you plan to attend college? _____ Annual cost: \$_____

Parent/Guardian name(s): _____

Parent/Guardian occupation(s): _____

Name & age of other dependent children: _____

Please attach a one page, well crafted essay responding to the following: 1. Please tell us why you are choosing this course of study.

2. Please tell us what this scholarship would mean to you.

3. Are there any unusual obligations of the student/family the committee should consider?

Final Steps: Submit the completed application along with the essay and your high school transcript to Liz Fickett at lfickett@mainecf.org by April 15.