



# A.L. Warrington Memorial Scholarship

## Application Criteria:

- Marshall County high school graduate or a high school graduate from a contiguous county
- Freshman, full-time Agriculture or Health Occupations (Nursing or Dental Assisting) major on the MCC Campus
- Financial need, but not full Federal Assistance; U.S. citizen
- Must have a 2.20 GPA
- This scholarship will follow a student to a 4-year Iowa college (maximum of eight (8) semesters at MCC and a 4-year college)
- **Nursing students applying for this scholarship must be already accepted into MCC's Nursing Program- verification by Nursing Office required**
- Must file *Free Application for Federal Student Aid (FAFSA)*

## Return completed application to:

Marshalltown Community College  
 Financial Aid Office  
 3700 South Center Street  
 Marshalltown, Iowa 50158

## Nursing Office Verification: Acceptance Documentation

PN Program     ADN Program

\_\_\_\_\_  
 Initials of authorized personnel

\_\_\_\_\_  
 Date

Name \_\_\_\_\_  
Last    First    MI

Social Security #: X X X - X X - \_\_\_\_

Address \_\_\_\_\_  
PO Box/Street    City    State    Zip Code

Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Sex:  Female  Male    Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status:  Single  Married    Marshall County Resident?  Yes  No

What high school did you graduate from? \_\_\_\_\_    Date graduated \_\_\_\_\_

Scholastic honors and awards or recognitions received \_\_\_\_\_  
 \_\_\_\_\_

Religious Preference \_\_\_\_\_

Church activities you've been involved in \_\_\_\_\_

What degree or certificate do you plan to earn at MCC? \_\_\_\_\_

Major emphasis \_\_\_\_\_

Do you plan to continue your education at an Iowa four-year college?  Yes  No

If yes, in what major & which college/university? \_\_\_\_\_

## Employment History References

Name of Company/Business	From	To	Position	Name & Title of Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Personal References**

	Reference #1	Reference #2
Name	_____	_____
Address	_____	_____
City, State, Zip Code	_____	_____
Phone Number	_____	_____
Employer	_____	_____
Title	_____	_____

**Family**

**Father**

\_\_\_\_\_  
 Last Name    First    MI

\_\_\_\_\_  
 PO Box/Street

\_\_\_\_\_  
 City    State    Zip Code

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Mother**

\_\_\_\_\_  
 Last Name    First    MI

\_\_\_\_\_  
 PO Box/Street

\_\_\_\_\_  
 City    State    Zip Code

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Spouse**

\_\_\_\_\_  
 Last Name    First    MI

\_\_\_\_\_  
 PO Box/Street

\_\_\_\_\_  
 City    State    Zip Code

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Siblings/Children**

_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age
_____	_____
Name	Age

How much financial support will you receive from your parents/spouse or other sources? \$ \_\_\_\_\_

Will you be living at home with your parents while attending MCC?  Yes  No

In the space below, explain the reason(s) you need this scholarship. Use as much detail as necessary to describe your financial situation. PLEASE PRINT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, do hereby give my consent to Marshalltown Community College to release any information required for application to the MCC Scholarship Committee, including grades and personal and employment references. I also certify that all the information I have provided on this application is accurate and complete

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

