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## APPLICATION FOR CRAIG C. MARSHALL SCHOLARSHIP

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Thank you for your interest in the Craig C. Marshall Scholarship. We are extremely pleased to offer you the opportunity to apply, and to be able to provide you financial support in your educational endeavors. This scholarship will be given in honor and memory of Craig Clinton Marshall, a student of Topsail High School whose love, strength, faith, and integrity will live on in the hearts and minds of all those who remember him.

The Craig C. Marshall Scholarship Foundation seeks to award a student who demonstrates moral force of character and leadership in his or her community. The recipient of this scholarship will be one who embodies courage, integrity, empathy, humility, maturity, and generosity. Selections are based completely on merit and how powerfully the applicant exemplifies these qualities.

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**DEADLINE:** All applications must be postmarked by **May 1<sup>st</sup>, 2010** to be considered.

**REQUIREMENTS:** In order to be considered for this scholarship you must:

- Be a graduating senior at Topsail High School in Hampstead, North Carolina
- Be accepted to an accredited college or university
- Have been enrolled at Topsail High School for the entirety of your senior year

**CHECKLIST:** The following documents must be included when mailing your application.

- Application Form (completed in black ink)
- Essay
- At least one completed Recommendation Form from a school official, mentor, or employer (in a signed and sealed envelope)

Please address applications to:

Craig C. Marshall Scholarship Foundation  
ATTN: Scholarship Committee  
249 Mare Pond Place  
Hampstead NC 28443

*An e-mail confirmation will be sent upon receipt of your application.*

The recipient of the scholarship will be announced at the Topsail High School Senior Awards Ceremony on **May 26, 2010**.

\*Please be advised that all scholarship monies will go directly to the recipient's college or university to help cover tuition costs. Should the recipient choose **not** to attend the college university at the time stated on their application, the scholarship monies will be revoked. Should the recipient choose to attend a **different** college or university than stated on their application, the recipient must immediately alert the scholarship committee by mail or e-mail at [craigmarshallfoundation@gmail.com](mailto:craigmarshallfoundation@gmail.com).



**APPLICATION FOR  
CRAIG C. MARSHALL SCHOLARSHIP  
2010**

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle Initial

Permanent mailing address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

E-mail address (if available) \_\_\_\_\_ @ \_\_\_\_\_

Dates attended Topsail High School \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

Intended college or university \_\_\_\_\_  
Name

\_\_\_\_\_  
Street City State Zip

What date do you intend to begin classes? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

Intended major (if known) \_\_\_\_\_

**CO-CURRICULAR ACTIVITIES**

Please provide the scholarship committee with information about your extracurricular, community service, travel abroad, family and/or personal activities and talents. List them in order of importance to you. If you need additional space, please provide a separate sheet.

Activity, employment, interest, talent	Check grade levels				Positions held, committees served, leadership roles, awards, letters, earned promotions
	9	10	11	12	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Work History

1. \_\_\_\_\_ to \_\_\_\_\_  
Job Title Employer Approximate dates of employment

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City State Zip Phone

2. \_\_\_\_\_ to \_\_\_\_\_  
Job Title Employer Approximate dates of employment

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City State Zip Phone

3. \_\_\_\_\_ to \_\_\_\_\_  
Job Title Employer Approximate dates of employment

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City State Zip Phone

4. \_\_\_\_\_ to \_\_\_\_\_  
Job Title Employer Approximate dates of employment

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City State Zip Phone

## Essay

Every essay is carefully reviewed by the scholarship committee for content, clarity, and effort. Please answer the following prompt thoughtfully in 300-500 words:

**How have you displayed leadership and moral character during your time at Topsail High School? What leadership role has been the most meaningful for you, and why? What morals are the most important to you, and why? How has your faith helped you become who you are?**

## Application Agreement

I certify that the information on this application is complete and correct. I understand my application will not be considered if I fail to provide complete, accurate and truthful information. I authorize the Scholarship Committee of the Craig C. Marshall Scholarship Foundation to make reasonable inquiries into the accuracy of the information provided, such as contacting a school counselor in order to check school records.

My signature will release all information provided here to the Craig C. Marshall Scholarship Foundation for permanent record keeping.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*Applications will be returned to applicant if not signed and dated.*

