

THE WILLIAM BREEDEN BETHEA MEMORIAL SCHOLARSHIP

The William Breeden Bethea Scholarship was established in 1994 in memory of Breeden Bethea to annually recognize and assist through the award of a scholarship a member of the graduating class of Marion High School. The scholarship may be used in any postsecondary school, college or university course of study and will be made payable to the recipient and the postsecondary school, college or university of the awardee's choice.

The scholarship is made in a minimum award of \$1,500 from the proceeds of the endowment investment held in trust by the school district. The award is made for one year's study only and is not renewable.

Eligible seniors may apply for the scholarship through the guidance office at Marion High School using the application provided. Applications must be returned to the guidance office no later than **March 1** each year.

All applications will be reviewed by a scholarship committee appointed by the superintendent and made up of the following persons:

- Assistant Superintendent for Instruction
- Marion High School Principal
- Instructional Staff Member of M.H.S. (1)
- Guidance Counselors of M.H.S. (2)
- Community Members (2 or 3)

A scholarship recipient, a first alternate, and a second alternate will be selected by the scholarship committee based on the following criteria:

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| 1. *Character and Service to the Community | - | 50% |
| 2. Financial Need | - | 25% |
| 3. Academic Merit (minimum of C average) | - | 25% |

*Substantial weighting given to community service with particular consideration given to Scouting (Boy or Girl)

APPLICATION FOR THE WILLIAM BREEDEN BETHEA
MEMORIAL SCHOLARSHIP

Personal Data:

Name: _____ Date of Birth: _____

Social Security Number: _____

Home Address: _____
Street and Number City and Zip Code

Mailing Address: _____
(If different from above)

College Preferences: 1. _____
Institution

2. _____
Institution

- I. Please provide the scholarship committee with a brief autobiography and a statement of your educational goals. Please address your plans for postsecondary education and degree of financial need. (Limit response to one page.)

- II. Please describe your contribution of time and talent to Marion High School and your community. (Attach additional sheets if necessary.)

III. I certify that the attached information is correct and understand that the Scholarship committee will review my entire transcript.

Signature

To be completed by Marion High School counselor:

Academic average as of the end of first semester of senior year: _____
(Attach a copy of the entire transcript for the applicant.)