

**Samuel Elliott Perkins IV**

**Memorial Scholarship**

**(for students graduating high school 2023)**

**THE DEADLINE FOR THE APPLICATION FORM AND**

**ALL ATTACHMENTS IS THURSDAY, MARCH 16, 2023.**

**Application must be postmarked by 3/16/23 or be delivered in person to the**

**Marshall County Community Foundation office by close of business on**

**Thursday, March 16, 2023 to be considered.**

Mail or deliver the completed packet to:

Marshall County Community Foundation, Inc.

2680 Miller Drive, Suite 120

P.O. Box 716

Plymouth, IN 46563

For further information, call (574) 935-5159 or

email: info@marshallcountycf.org.



**MARSHALL COUNTY COMMUNITY FOUNDATION**

**PURDUE ALUMINI CLUB OF MARSHALL COUNTY**

**SAMUEL ELLIOTT PERKINS IV MEMORIAL SCHOLARSHIP**

**PURPOSE**

The Samuel Elliott Perkins IV Memorial Scholarship was created by Mary Perkins in memory of her husband for the purpose of providing scholarships to Marshall County resident students pursuing a degree from Purdue University.

#### THE AWARD (2023-2024 School Year)

The amounts of the scholarships and the number of winners will depend on the number and quality of applicants. The 2023 scholarship winners will receive a **ONE TIME SCHOLARSHIP**. Qualifying students will be encouraged to apply for additional funds following their freshman year at Purdue.

**ELIGIBILITY**

* The applicant must be accepted to Purdue University as a full-time student for the fall of 2022 in pursuit of a Purdue Diploma. This includes students accepted to all Purdue campuses, including Purdue Fort Wayne, Purdue University Northwest, and Indiana University-Purdue University Indianapolis. The degree the student is seeking must be issued by Purdue University.
* The applicant must be a permanent resident of Marshall County and a graduate of a Marshall County high school.

**SELECTION CRITERIA**

* The applicant must have a minimum combined SAT score of 1050 for Math and Critical Reading or a minimum ACT score of 22. If SAT scores or ACT scores are not available, your class rank and GPA will be used.
* The applicant must demonstrate participation in school and extracurricular activities.
* The applicant must demonstrate involvement in the community through community service.
* The applicant's transcripts will be reviewed for GPA and class rank (if applicable).
* Only applications from students enrolling as first year college students will be accepted.

**APPLICATION PROCEDURE**

The applicant must complete or provide the following information to be considered for the Samuel Elliott Perkins IV Memorial Scholarship:

• Samuel Elliott Perkins IV Scholarship Application Form.

• Certified High School Transcript with grades through the first semester or second trimester of the senior year.

• SAT or ACT score certified by school official.

• Signed statements and agreements attached to the application form.



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**2023-2024 APPLICATION FOR**

**SAMUEL ELLIOTT PERKINS IV**

**MEMORIAL SCHOLARSHIP**

**PERSONAL DATA (Please Type)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** | | | | | | | | | | |
| **ADDRESS:** | | | | | | | | | | |
| **CITY:** | | | | | | | **STATE:** | | | **ZIP:** |
| **HOME TELEPHONE:** | | | | **CELL PHONE:** | | | | | | |
| **E-MAIL:** | | | | **PARENT E-MAIL:** | | | | | | |
| **DATE OF BIRTH:** | | | | | | | | | | |
| **PARENT/GUARDIAN NAMES:** | | | | | | | | | | |
| **ADDRESS:** | | | | | | | | | | |
| **CITY:** | | | | | | | **STATE:** | | | **ZIP:** |
| **PLACE OF EMPLOYMENT AND OCCUPATION OF PARENTS:** | | | | | | | | | | |
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| **HIGH SCHOOL NAME:** | | | | | | | | | | |
| **SELECTED MAJOR AT PURDUE:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **CLASS RANK (if applicable)**: | | OF |  | | | **STUDENTS (Class Size)** | | | | |
| **GRADE POINT AVERAGE (GPA):** | | | | | **ON A SCALE OF:** | | | | | |
| **TEST SCORES:** | **SAT (CR) -** | SAT (M) - | | | | | |  | **TOTAL:** | |
|  | ACT (composite) - | | | | | | | | | |

**I. INDIVIDUAL VOLUNTEER SERVICE AND/OR COMMUNITY ACTIVITIES:**

Please list the service you volunteered for which is not connected with a club or organization. Indicate the approximate date and the total number of hours this service was volunteered. (Nursing home, hospital, Humane Society, phone-a-thon, etc.)

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| **Service or Activity** | **Date** | **Total No. of Hours** |
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**II. WORK EXPERIENCE:**

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| --- | --- | --- | --- |
| **Year** | **Employer** | **Job Description** | **Total Hrs. for Year** |
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**III SCHOOL ACTIVITIES:**

Please list all school-sponsored extra-curricular activities for which you have been a member/participant or officer for an entire year or session.

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| ORGANIZATION | **President, Captain**  **or Editor** | | | | **Other**  **Officer** | | | | **Member/**  **Participant** | | | |
| Grade Level | 9 | 10 | 11 | 12 | 9 | 10 | 11 | 12 | 9 | 10 | 11 | 12 |
| FINE ARTS | | | | | | | | | | | | |
| Journalism/Newspaper Staff |  |  |  |  |  |  |  |  |  |  |  |  |
| Yearbook Staff |  |  |  |  |  |  |  |  |  |  |  |  |
| Band |  |  |  |  |  |  |  |  |  |  |  |  |
| Choir |  |  |  |  |  |  |  |  |  |  |  |  |
| Musical |  |  |  |  |  |  |  |  |  |  |  |  |
| Variety Show |  |  |  |  |  |  |  |  |  |  |  |  |
| Color Guard |  |  |  |  |  |  |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |  |  |  |  |  |  |
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| CLUBS | | | | | | | | | | | | |
| Art |  |  |  |  |  |  |  |  |  |  |  |  |
| French |  |  |  |  |  |  |  |  |  |  |  |  |
| Spanish |  |  |  |  |  |  |  |  |  |  |  |  |
| Key |  |  |  |  |  |  |  |  |  |  |  |  |
| Pep |  |  |  |  |  |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |  |  |  |  |  |
| Ski |  |  |  |  |  |  |  |  |  |  |  |  |
| Business |  |  |  |  |  |  |  |  |  |  |  |  |
| Future Educators |  |  |  |  |  |  |  |  |  |  |  |  |
| Future Farmers |  |  |  |  |  |  |  |  |  |  |  |  |
| Spell Bowl |  |  |  |  |  |  |  |  |  |  |  |  |
| Academic Team |  |  |  |  |  |  |  |  |  |  |  |  |
| ICE |  |  |  |  |  |  |  |  |  |  |  |  |
| National Honor Society |  |  |  |  |  |  |  |  |  |  |  |  |
| Class Officer |  |  |  |  |  |  |  |  |  |  |  |  |
| Student Council |  |  |  |  |  |  |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |  |  |  |  |  |  |
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**SCHOOL ACTIVITIES continued**

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| ORGANIZATION | **President, Captain**  **or Editor** | | | | **Other**  **Officer** | | | | **Member/**  **Participant** | | | |
| Grade Level | 9 | 10 | 11 | 12 | 9 | 10 | 11 | 12 | 9 | 10 | 11 | 12 |
| **SPORTS** | | | | | | | | | | | | |
| Baseball |  |  |  |  |  |  |  |  |  |  |  |  |
| Basketball |  |  |  |  |  |  |  |  |  |  |  |  |
| Football |  |  |  |  |  |  |  |  |  |  |  |  |
| Tennis |  |  |  |  |  |  |  |  |  |  |  |  |
| Cheerleading |  |  |  |  |  |  |  |  |  |  |  |  |
| Golf |  |  |  |  |  |  |  |  |  |  |  |  |
| Soccer |  |  |  |  |  |  |  |  |  |  |  |  |
| Softball |  |  |  |  |  |  |  |  |  |  |  |  |
| Volleyball |  |  |  |  |  |  |  |  |  |  |  |  |
| Sports Manager |  |  |  |  |  |  |  |  |  |  |  |  |
| Intramural Sports |  |  |  |  |  |  |  |  |  |  |  |  |
| Cross Country |  |  |  |  |  |  |  |  |  |  |  |  |
| Swimming |  |  |  |  |  |  |  |  |  |  |  |  |
| Wrestling |  |  |  |  |  |  |  |  |  |  |  |  |
| Gymnastics |  |  |  |  |  |  |  |  |  |  |  |  |
| Track |  |  |  |  |  |  |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |  |  |  |  |  |  |
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| **MISC.** | | | | | | | | | | | | |
| Judging Team |  |  |  |  |  |  |  |  |  |  |  |  |
| Peer Mediator/Mentor |  |  |  |  |  |  |  |  |  |  |  |  |
| Study Buddy/Tutor |  |  |  |  |  |  |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |  |  |  |  |  |  |
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**IV. LEADERSHIP ROLES & SPECIAL AWARDS:**

Please list leadership roles you have held or special awards you have received and include a short description.

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| **Leadership Role/Award** | **Description – include year(s)** |
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**V. PURDUE PRIDE (Please Type)**

What led you to apply to Purdue University? Include your goals for the next four years and what you feel you will contribute by being a Purdue student.

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In submitting this application, I hereby certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of consideration for this scholarship. (If under 18 years of age, a parent's signature is required.)

Applicant's Signature:

Date

Parent's Signature:

Date

 **Purdue Alumni Club of Marshall County**

**Scholarship Disclosure Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purdue ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purdue Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all scholarship awards payable toward the 2023-2024 School Year in the space below:

(Include all local, state, Purdue-specific, and miscellaneous scholarships)

|  |  |
| --- | --- |
| **Name of Scholarship** | **Amount** |
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I am a 21st Century Scholar.

(Check box if you are a 21st Century Scholar)

I hereby certify that the information provided is complete and accurate to the best of my knowledge.

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

Applicant Signature Date