Marion L. Stevens Memorial Scholarship
McKendree University

Description:

Students of McKendree University are cordially invited to apply for the "Marion L. Stevens" Memorial Scholarship, funded by the Mid America Chapter of Federally Employed Women (FEW). Two students meeting the eligibility criteria as outlined below will be selected.

The scholarships will be awarded as scheduled below:

- 1 Student - Spring Semester 2020 - $500.
- 1 Student - Fall Semester 2020 - $500.

Student Eligibility Criteria:

1. Must be a member of Federally Employed Women (FEW); a Federal civilian employee; a military employee of Scott AFB or a family member of any of the aforementioned groups
2. Applicants must be enrolled in undergraduate classes
3. Full-time or part-time student (min. 6 hours)
4. Financial need (self-proclaimed)
5. Must complete additional separate application form (attached)
6. Minimum 2.5 GPA (cumulative) to apply

Payment Schedule:

1. The scholarship will be issued in one installment for the select semester (spring or fall) at the University.
2. Financial aid funds, (including scholarships), awarded will be applied to tuition and fees owed to McKendree University.
3. Unused funds from this scholarship for the select semester may not be carried forward to another semester.

I understand the terms of this scholarship and agree to them. I also understand that my receipt of this award is only allowable if I am not related to the scholarship's donor, am not an employee of the donor or I am not immediately related to an employee of the donor.

_____

(Recipient) (Date)

Confirmation of terms for the **spring** or **fall** semester of 2020: *Please circle desired semester (if selected).*

_____

(Financial Aid Staff) Date

FEW Marion L. Stevens Memorial Scholarship
McKendree University
(Additional Application Form)

The information provided below will be used to verify the applicant's eligibility (please print):

Date_____

Name_____

Address_____

City_____ **State**_____ **Zip**_____

Please check at least one category below to identify your eligibility criteria:

I am:

____ A member of FEW (or) ____*Dependent of FEW Member

____ A Federal Civilian Employee (or) ____*Dependent of Federal Civilian Employee

Federal civilians and dependents must present proof of their status if selected.

Military Employee of Scott AFB_____ (or) *Dependent of Military Employee_____

Membership will be confirmed by the FEW Membership Chair

Military employees and dependents must present proof of their status if selected.

*Dependent of (if applicable): _____
Name

Do you expect to receive financial assistance for the semester for which you are applying for this scholarship? Yes_____ No_____

Source(s) of aid: _____

Estimated amount of assistance: $ _____

Please describe your "need" to receive financial assistance below:

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Please return this form and the required identification to the McKendree University Financial Aid Office, point of contact – Scott Billhartz, Director of Donor and Prospect Management, McKendree University. Telephone (618) 537-6869, email: slbillhartz@mckendree.edu.