

# *Martin Scholarship Fund*

2021-2022

Marjorie J. Martin (1913-2004), a lifelong resident and teacher of Odell wanted to reward and assist Odell residents with high standards who are scholars and actively involved in their school and community.

A Scholarship Grant is available for any Odell resident who has graduated from high school and plans to continue his or her education. Since 2005, scholarships have ranged from \$500 to \$5,000.

## **Scholarships are given based on the following guidelines:**

1. Applicants must be a high school graduate seeking continued education at an accredited college or university in the following fields of study: liberal arts, music, science, nursing, business, or engineering.
2. Scholastic achievement, student activities and freedom from the use of alcohol and drugs will be considered in awarding this scholarship.
3. All applicants must live within the Odell Fire Protection District, Odell Public Library District or the Odell Grade School District.
4. Applicants need not be a recent high school graduate.

## **Instructions:**

1. Applications are due no later than MARCH 1.
2. Submit application to: Martin Scholarship Fund c/o Robert Legner, P.O. Box 280, Odell, IL 60460.
3. Incomplete applications will not be considered.
4. Please use application form provided.
5. **You must attach your OFFICIAL high school transcript**, unless you have applied previously. **If you have attended any school after high school**, you must attach your **OFFICIAL** transcript provided by the educational institution. **Internet printouts are NOT acceptable.**
6. Attach a brief essay (minimum 150 words, not to exceed one page) with any other information you think would be relative including your goals and how this scholarship might effect your options in education.

Having been selected to receive a scholarship does not guarantee the applicant will receive future scholarships. Failing to apply in the past or not being selected to receive a scholarship does not preclude an applicant from receiving future scholarships.

Recipients of this scholarship will be required to sign an acceptance of the scholarship including an agreement to return funds if college attendance plans change.

## **Scholarship Trustees:**

Jane Lehmann : Chairperson  
Candace H. Lhotka: Vice-Chairperson  
Robert F. Legner: Treasurer  
Debra S. Cagley: Secretary  
Sandra J. Erickson: Trustee

12/4/20

## *Martin Scholarship Application*

1. FULL LEGAL NAME \_\_\_\_\_
2. DATE OF BIRTH \_\_\_\_\_
3. ADDRESS \_\_\_\_\_
4. TELEPHONE NUMBER(S) HOME \_\_\_\_\_ CELL \_\_\_\_\_
5. EMAIL ADDRESS \_\_\_\_\_
6. GIVE NAMES OF PARENTS OR GUARDIANS IF YOU ARE THEIR DEPENDENT \_\_\_\_\_
7. Parent's or guardian's address if different from yours \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. College of your choice \_\_\_\_\_
9. Have you been accepted or are you currently attending? \_\_\_\_\_
10. Where else have you applied? \_\_\_\_\_  
\_\_\_\_\_
11. Degree/Major you are seeking \_\_\_\_\_
12. When you begin the academic year starting next fall, what will be your year in school?  
  
Undergraduate Year: 1 2 3 4 5 (circle one)  
Masters/Doctorate Year: 1 2 3 4 5 (circle one)
13. Do you plan to complete your studies before the end of the next school year? \_\_\_\_\_
14. Do you intend to be a full time student? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain  
\_\_\_\_\_
15. Will you be physically attending the school, or will you be participating in an online program? \_\_\_\_\_

16. List school activities (including volunteer activities) and positions held \_\_\_\_\_  
\_\_\_\_\_
17. List community activities \_\_\_\_\_  
\_\_\_\_\_
18. List any academic honors you have received \_\_\_\_\_  
\_\_\_\_\_
19. Have you ever been suspended from school or any school activities?  
Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
20. Have you ever been subject to disciplinary procedure or legal action as a result of  
drug or alcohol use? If so, please explain \_\_\_\_\_  
\_\_\_\_\_
21. Are you a resident of the Odell Fire Protection District, Odell Library District or  
Odell Grade School District ? \_\_\_\_\_
22. What year did you or will you graduate from high school? \_\_\_\_\_
23. Do you expect to receive an athletic scholarship? Yes \_\_\_ No \_\_\_

EXPECTED BUDGET FOR A NINE-MONTH SCHOOL YEAR:

| <u>EXPENSES</u>  | <u>AMOUNT</u> |
|------------------|---------------|
| Tuition and fees | _____         |
| Room and Board   | _____         |
| Miscellaneous    | _____         |
| TOTAL            | _____         |

I certify that the information in the application is true and correct and that the information will be used by the trustees to determine qualification and amount of scholarships.

\_\_\_\_\_  
Applicant's Signature

Date \_\_\_\_\_

**Attach:**

1. Official Transcript
2. Essay as per instructions
3. Completed application form

Return completed application and attachments  
on or before **March 1** to:  
**Martin Scholarship**  
**c/o Robert F. Legner**  
**P.O. Box 280**  
**Odell, IL 60460**