



# Marcia Tondre Memorial Scholarship



## STUDENT SCHOLARSHIP CRITERION

1. Scholarships will be awarded to commendable Medina Valley High School Seniors or Alumni who have demonstrated academic competence and who are dedicated to the pursuit of a college education in a health care or related field. Applicants that are currently pursuing post-secondary educational opportunities may also apply.
2. “Need” can be one criterion, but should not be the dominant one. It is important to complete all parts of the application.
3. The recipients should have academic credentials that are acceptable to the school of their choice.
4. The scholarship funds will be used strictly for tuition, fees, and/or books. The scholarship funds will be in a form of a check, made to the college or university with the student’s name and college ID on the memo line. **Checks can be picked up after August 1, 2023.**
5. Recipients of this scholarship award must enroll full time (minimum of 12 credit hours) according to the standards of the appropriate university or college.

### **Application Checklist:**

**EMAIL the following to [mvef.scholarships@gmail.com](mailto:mvef.scholarships@gmail.com) by 4/14/2023**

- Completed Application
- SAR- Student Aid Report from FAFSA (if applicable)
- Resume
- Essay
- Signature



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## STUDENT SCHOLARSHIP APPLICATION

1. **General Information:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street or P.O. Box, City, State, Zip Code)

2. **Parent Information:**

Parent(s) or Guardian(s): \_\_\_\_\_

Father's occupation: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

Number of dependent children in the family including yourself: \_\_\_\_\_

Number of other dependents in the family: \_\_\_\_\_

Number of children in college including yourself: \_\_\_\_\_

3. **Resume:**

Resumes should include Rank/GPA, Honors/Leadership, and Involvement: School & Community.

4. **Financial Data:**

*Please attach a copy of your Student Aid Report (SAR).*

Will you be receiving military benefits to help pay for school? Yes or No

Are there any financial circumstances you wish the committee to take into consideration? Please explain.

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GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_  
SAT: \_\_\_\_\_ ACT: \_\_\_\_\_

School you are planning to attend \_\_\_\_\_

Have you been accepted?    Yes    No    Pending

Field of study? \_\_\_\_\_

5.     **Personal Narrative:**

Attach a typed narrative, not to exceed more than two pages in length, describing your future goals and aspirations regarding a profession in the health care field. Please explain why you feel compelled to pursue a career in the health care field.

. I certify that the information reported above is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date—mm/dd/yyyy)

\*\* Scholarships must be used within a year or are considered invalid.