

# Marialla V. Magloire Foundation Scholarship in the Arts and Sciences

PO BOX 12383, Tallahassee, Florida 32317

http://mariallamagloirefoundation.org

#### To apply:

**Demographics** 

**Advisor Name** 

- Meet eligibility criteria:
  - Leon High School senior
  - o 3.0 GPA or higher
  - Have an interest in the Arts or Sciences
- Complete this application and essay
  - o Include two letters of recommendation from a teacher, professor or coach
  - o Provide updated resume
  - o Include professional photo
- Mail official transcript to: MVM Foundation PO Box 12383 Tallahassee, FL 32317
- Email completed application and attachments to <a href="mailto:info@mariallamagloirefoundation.org">info@mariallamagloirefoundation.org</a> no later than April 15, 2018. Applications received by mail must be postmarked by the deadline.
- Awardees will be announced by May 1, 2018.

First name	Last Name	Mido	dle Initial
Date of Birth		E-mail	
Home address	(city)	(state)	(zip code)
Home phone number ( )			
Parent(s) Name		Daytime Phone	Evening Phone
Academics			
Academics			
Current Grade	Current GPA	Expected Gra	duation Date

Advisor Work Telephone (



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Acad	emic Awards	
1.		
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	Award	Date



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Extracurricular		
Activities		
1.		
Activity	Dates of Participation	Contact Name and Number
2.		
Activity	Dates of Participation	Contact Name and Number
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Activity	Dates of Participation	Contact Name and Number
Community Service		
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Activity	Dates of Participation	Contact Name and Number



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On a separate page, describe how your interest, study or participation in the arts and sciences has impacted you and your goals for the future. (500-1000 words)



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#### PHOTO RELEASE

I hereby grant the Marialla V. Magloire Foundation (hereafter referred to as "The Foundation") permission to use photos of me in any and all of its publications, including website entries, without payment or any other consideration.

I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge The Foundation from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)	(Date)	
	(Printed Name)	
If the person signing is under age 18, there must be follows:	e consent by a parent or guardian, as	
I hereby certify that I am the parent or guardian of above, and do hereby give my consent without res person.		
(Parent/Guardian's Signature)	(Date)	
	(Parent/Guardian's Printed Name)	