

Harold and Barbara Marker Academic Scholarship
Bellefontaine City Schools
Scholarship Application Form 2026

This scholarship is established in memory of Harold and Barbara Marker, honoring their dedication to hard work, perseverance, education, and service to others. The purpose is to support responsible, goal driven students who demonstrate financial need. The amount of scholarship funds will be determined, in part, on the responses set forth in this Application. The scholarship grant can be up to \$10,000 with the opportunity to renew for one additional year.

Please fill out this application truthfully and to the best of your ability. If a question does not apply to you, please write "N/A" for "not applicable." Please do not feel that you must have a response to every question.

If you need extra space to respond to any questions or request for information, please attach one or more separate sheets of paper with your answers and indicate the questions or requests to which your response relates. Please attach any additional information or documentation (e.g. resume, recommendation letters, etc.) that may help to assess your merits. Your transcript and essay must be attached.

PERSONAL INFORMATION

Name: _____
Street Address: _____
City/State: _____
Country of citizenship: _____
Cell Phone: _____
Email: _____

Parent/Guardian #1 Household Information

Name: _____
Street Address: _____
City/State: _____
Cell Phone: _____
Email: _____
Relationship with Applicant: _____
Employed by: _____

**Parent/Guardian #2 (Only fill out portions that are different from
Parent/Guardian # 1)**

Name: _____

Street Address: _____

City/State: _____

Cell phone: _____

Email: _____

Relationship with Applicant: _____

Employed by: _____

ACADEMIC INFORMATION

Cumulative GPA to date: _____

Class Rank: _____

Have you completed any College Credit Plus (CCP) Classes? _____

If so, how many do you expect to complete by graduation? _____

Have you completed any Advanced Placement (AP) courses? _____

If so, how many do you expect to complete by graduation? _____

What is your SAT score? _____ ACT score? _____

***YOU MUST ATTACH A COPY OF YOUR OFFICIAL TRANSCRIPT TO BE
CONSIDERED***

Please list the colleges/universities to which you have applied:

Did you apply to any OSU Regional Campuses? _____

Which colleges/universities have you been accepted? _____

What are your top three preferred colleges:

First choice:_____

Second choice:_____

Third choice:_____

What is your desired major(s)?_____

What is your desired minor(s)?_____

What are your professional/career aspirations?_____

What academic honors or awards have you received? (Include honors such as National Merit or Commended Scholar, National AP recognition, Valedictorian, Salutatorian, National Honor Society, Academic Booster Awards, Honda Academic Awards, Senior of the Month, etc.)

DISCIPLINARY HISTORY

Have you ever been suspended or expelled from school? If so, explain the circumstances._____

Have you ever been arrested or charged with a crime? _____

If yes, please explain (minor traffic violations need not be disclosed).

EXTRACURRICULAR ACTIVITIES

Please list only the extracurricular activities which you are most passionate about and give a brief description of your involvement:

FINANCIAL INFORMATION

Financial Need is a consideration for this Scholarship.

Family Gross Annual Income: \$-----

How many people currently reside in your household (including you)?-----

Is your household a single parent or dual parent household?-----

Do you have any siblings currently attending college?-----

Please list your current and past employment, length of employment, and position/responsibilities at each:

SCHOLARSHIPS

Have you applied for any other scholarships?_____

Have you received other scholarships? If so, please list from whom and what amounts.

Please explain any unusual circumstances that have affected your school performance, that you would like us to know about, or any comments you would like to make on your own behalf? _____

Please share any special circumstances which have affected your family's financial situations (e.g. large medical bills, loss of income, etc.)

ESSAY QUESTION OPTIONS

Please select ONE of the three topics below and write an essay not exceeding 500 words discussing such topic. Please attach your essay to this Application. You can use a creative or a fact-based approach if you believe you are adequately answering the question or responding to the topic.

1. What do you think is/are the most important current issue(s) relating to your chosen major or career? What do you hope or plan to do to address such issue(s)?
2. Some people have a background identity, interest, or talent that is so meaningful they believe their application would be incomplete without sharing it. If this sounds like you, please share your story.
3. Describe a topic, idea, concept, or person that has impacted and/or captivated you deeply. Why does such a topic, idea, concept, or person impact and/or captivate you?

Certification and Signature

I certify that the information I have provided in this Application is complete and accurate and that all statements and essays are entirely my own words. I understand that the Harold and Barbara Marker Foundation may decline to award me scholarship funds on its sole and absolute discretion. I understand that my scholarship award may be rescinded should it be determined that I have misrepresented or omitted any material information in this Application (including my supplements or attachments to this Application) or should there be any material change in my candidacy after the submission of my Application. I hereby authorize all persons or entities to provide any information that will serve to verify the information I have presented in my Application, and I expressly waive any required notice to me. I authorize the trustee of the Harold and Barbara Marker Foundation to verify information included in my Application. I further certify and agree that the trustee of the Harold and Barbara Marker Foundation may grant scholarship funds only if I accept all restrictions or conditions, if any, imposed by the Harold and Barbara Marker Foundation with respect to such grant. My acceptance of any scholarship funds operates as my acceptance of any such restrictions or conditions imposed by the Harold and Barbara Marker Foundation with respect to such grant. My acceptance of any scholarship grant funds operates as my acceptance of any such restrictions or conditions imposed by the Harold and Barbara Marker Foundation, which have been disclosed to me prior to or at the time I accept any scholarship funds. I understand that only qualifying entities are eligible to receive Harold and Barbara Marker Foundation dollars, and such qualifying determination is made after submission of my application.

Applicant's Signature _____ Date_____

Parent/Guardian's Signature_____Date_____

PLEASE SUBMIT COMPLETED APPLICATION (INCLUDING ATTACHMENTS) TO:

Bellefontaine High School Guidance Department

Attn: Harold and Barbara Marker Academic Scholarship

Application Deadline: