

# THE MAXINE M. "MICKEY" WAGNER MEMORIAL SCHOLARSHIP

## **Purpose:**

The Mickey Wagner Scholarship Fund has been established by her son in memory of his mother. Throughout her lifetime, Mrs. Wagner had a great interest in, and dedication to children and adolescents. Through careers in early childhood, education, professional Girl Scouts and public human-service agencies, she was involved in the organization and provision of services to young people during most of her adult life. Accordingly, scholarships awarded by this fund are intended to further the academic training and eventual careers of worthy students who will also be engaged in services to children and adolescents. Appropriate courses of study include the field of education; the fields of recreation, medicine, nursing, psychology or social work; or any other field offering a recognized specialty or emphasis in work with young people.

## **Eligibility:**

In order to be considered for the scholarship award, students must meet the following standards and requirements:

- Graduation from a Shelby County high school
- Enrollment or intention to enroll in a college or university in Indiana
- Pursuit of a course of study related to serving children or adolescents
- Demonstration of financial need
- Demonstration of voluntary community service activity during his/her high school career
- Placement in the upper 25% of his/her graduating class

## **The Award:**

The Mickey Wagner Scholarship provides a one-time award of two thousand dollars, payable to the beneficiary and the college or university attended by him/her. The award may be applied to tuition, room and board, or materials and supply expenses charged by the educational institution.

## **Selection:**

The recipient of the scholarship award will be selected by a committee consisting of the Principal of each of the high schools in Shelby County of his/her designee, with final approval reserved for the son of Mrs. Wagner as Grantor. The selection will be made in the spring of each year prior to the Awards Program in each school.

# THE MAXINE M. "MICKEY" WAGNER MEMORIAL SCHOLARSHIP APPLICATION

Applicant's full name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address (if other than that of applicant): \_\_\_\_\_

\_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address (if other than that of applicant): \_\_\_\_\_

\_\_\_\_\_

Mother's Employer: \_\_\_\_\_

High School You Now Attend: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

College or University You Will Attend: \_\_\_\_\_

Anticipated Course of Study and Vocational Goal Related to the Provision of Services to  
Children or Adolescents:

\_\_\_\_\_

Applicant's Class Standing: Ranked \_\_\_\_\_ out of \_\_\_\_\_ students

SAT Scores: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

(Please include grading scale: A=4.0, A = 90-100, A+= 95-100, etc.)

Validating School Official: \_\_\_\_\_

(signature)

(date)

Statement of Financial Need (Compare expected costs with expected financial support from all sources; also indicate your own contribution):

---

---

---

Name of Individual (not a family member) Serving as Reference on Financial Need:

---

Reference's Address:

---

---

Reference's Telephone:

---

List of Voluntary Community Service Activities of Applicant During High School:

---

---

Name of Individual (not a family member) Serving as Reference on Community Service:

---

Reference's Address:

---

---

Reference's Telephone:

---

List of Extracurricular Activities of Applicant During High School:

---

---

---

List of Honors or Awards Received:

---

---

---

Brothers and Sisters (for each, indicate if he/she is living in the same home as you and give his/her grade  
Or year in school or college):

---

---

---

---

---

---

---

---

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**