

**Office Hours**  
7:30 a.m. – 11:30 a.m.  
12:00 noon – 4:00 p.m.

**Telephone:**  
517/337-1757  
888/960-4022

**Fax:**  
517/337-8560



Michigan Association of  
Retired School Personnel  
**Protecting your future**

## MARSP Foundation, Inc.

**Chairman**  
Marie L. Wilkerson

**Chief Executive Officer**  
S. Mark Guastella

**Address**  
PO Box 23214  
Lansing, MI 48909-3214

### SCHOLARSHIP APPLICATION

*The MARSP Foundation Scholarship Application is to be received by the Chief Executive Officer between January 1 and April 1 for the fiscal year of July 1-June 30. Mail this application to: Chief Executive Officer, MARSP Foundation, P.O. Box 23214, Lansing, MI 48909-3214, or fax to 517/337-8560.*

**Eligibility:** Any current employee of any public school which reports to MPERS (*Michigan Public School Employees Retirement System*) may receive a scholarship grant for any and all educational endeavors available from, but not limited to, a four-year degree granting institution of higher learning, a community college, a technical or vocational institution within the state of Michigan, or seminars/workshops offered by any legally established professional organization from within the state of Michigan. It is expected that the recipient will agree to continue to work in a Michigan public sector educational institution for at least one year following the date of the completion of the training. Withdrawal from the program prior to completion may result in a loss of funding. The grant shall not exceed \$1,000.00. Disbursement of all scholarship funds (tuition and materials) shall be made directly to the institution or professional organization up to the amount of the scholarship award. IRS requires your social security number to receive this grant.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Current Degree or Certificate \_\_\_\_\_

Current Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Name, address and phone number of institution and contact person where you plan to enroll and apply this scholarship

\_\_\_\_\_

Name of course, seminar or program \_\_\_\_\_

\_\_\_\_\_

Estimated cost \_\_\_\_\_ Term/Semester you wish to attend \_\_\_\_\_

Does this include tuition and materials? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been accepted as of the date of this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

**OVER**

Please use the space below for an informal letter enabling the selection committee to become acquainted with you as an individual. Include information such as; long-range professional/ vocational goals and plans, personal attributes, need for financial assistance, how this course will help you in your current job or future advancement, how you became aware of this scholarship. Please conclude with a statement certifying that the information in this application is true and accurate to the best of your knowledge and belief.