



Melba Memorial Scholarship

Est. 2024

The Melba Memorial Scholarship (MMS) was established to remember and honor lives that have been lost through tragedies in and around the Melba community. Our mission is to enrich the quality of learning and enhance educational opportunities for students and graduates of Melba High School.

Eligibility Requirements

- Graduating senior/recent graduate within the Melba, Idaho School District;
- Enrolling in an accredited 2- or 4-year school or institution; or
- Pursuing a degree or certification in a Career & Technical Education (CTE) or a Vocational Education program.
- Awarded primarily on the basis of a student's sincere commitment to further education or training, GPA or academic standing shall not be the primary determinant (minimum 2.0 GPA recommended).

Application Instructions

Complete this application (pages 1-3) and attach the following materials:

- Copy of your most recent high school transcript;
- A written personal statement which may include the following;
 - Educational, career goals and objectives;
 - Activities, volunteerism, honors and/or offices held;
 - Work experience and if you plan to work while attending school
 - Why you should be selected for this scholarship
- 1-3 Letters of Recommendation

Submit applications:

- To the Melba High School Counselor, no later than **March 1st**; or
- Email to: MelbaMemorialScholarship@gmail.com. Late applications will not be considered. If submitting digitally, combine ALL materials into a single PDF attachment.

Attn: Melba Memorial Scholarship
Melba High School Counselor
PO Box 185
Melba, ID 83650

MelbaMemorialScholarship@gmail.com

APPLICANT INFORMATION

Your Name: _____ Date of Birth: _____

Mailing Address: _____ City/State/Zip: _____

Permanent Address (if different than above): _____

Personal Email: _____ Cell Phone: _____

Have you received this scholarship previously? Yes No Year Received: _____

SCHOOL INFORMATION

High School Name: _____ City/State: _____

High School Cumulative GPA: _____

Anticipated Post-Secondary Institution: _____ Student # _____

Anticipated course of study: _____

Anticipated Annual Tuition: _____

Collegiate Class Standing (if applicable circle one): Freshman Sophomore Junior Senior Graduate

QUESTIONS

Indicate your financial need (cost of program, how you plan to pay for the program, scholarships received, etc.): _____

What does it mean to be part of the Melba Community? _____

Reflect on a situation in your life that you might have handled differently: _____

CERTIFICATION

By submitting this application (written or electronically) I consent to the gathering, use, and release of my information as it relates to the funding of the scholarship. I understand the information is needed for the purpose of the scholarship payments. This consent is valid for three years from the date signed, unless I revoke this consent, in writing, to the extent of the information already shared. I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Upon receipt of scholarship award, recipients must maintain good full or part time status and a GPA of at least 2.0 during each academic session. Should recipient fail to meet the criteria or violate any other terms and conditions of the award, the scholarship may be revoked, and funds will be returned to the MMS scholarship reserve.

Applicant's Signature _____

Date _____

Scholarship awards will be announced at the Melba High School May Academic Awards Ceremony.

Please note that payments are issued directly to the educational institution; scholarships are never directly sent to recipients. Proof of enrollment is required prior to receipt of funds.

Questions? Email MelbaMemorialScholarship@gmail.com or contact the school counselor