

Student's Name: _____ Marshall ID Number: **901**_____



**2017-2018 BrickStreet Scholarship
Application for Marshall University
Medical Students**

For medical students with financial need who are in good academic standing.

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone (____) _____ E-Mail Address: _____

I am a: 1st____ 2nd____ 3rd____ 4th____ year medical student.

Current GPA: _____

FAFSA Completed (circle one): YES NO If no, explain why: _____

Is your parent from West Virginia and has either a permanent total disability or has passed away from a work-related injury? (circle one): YES NO If yes, attach copy of award letter.

Is your parent or grandparent an employee of BrickStreet? (circle one) YES NO

If yes, complete the below section:

BrickStreet Employee Name: _____

BrickStreet Employee's Title: _____

Student's Relationship to Employee: _____

Student Signature: _____ Date: _____

Submit complete application by MARCH 1, 2017, to:

Office of Student Financial Assistance

Byrd Clinical Center

1249 15th Street, Suite 1015

Huntington, WV 25701

Phone 304.691.8739

Fax 304.691.8740

Email: Madden2@marshall.edu

For Office Use

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