

Student's Name: \_\_\_\_\_ Marshall ID Number: **901**\_\_\_\_\_



**2018-2019 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 August 1, 2018, 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

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