2019-2020 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 PTD awards from insurance carrier or self-insured company.

Is you 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, 2019, to:

Office of Student Affairs
1321 Hal Greer Blvd
Huntington, WV 25701
Phone 304.691.8739
Fax 304.691.8740
Email: Madden2@marshall.edu

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