Stephenson Family Scholarship Application

For Returning Student majoring in Business or Health-Related Fields

Due Date: April 1, 2025

Directions:

- 1. Fill in all information. Incomplete applications will not be considered.
- 2. Do not put your name or other identifying details on any page except Page 1.

Applicants must be graduate of Murray High School and must attend post-secondary educational institution full-time to be eligible for scholarships – minimum of 12 credit hours required. Per the Stephenson Family, the valedictorian or salutatorian of high school graduating class is not eligible for this scholarship.

Please note: All scholarships awarded will be paid directly to your chosen educational institution in January 2026.

Name: _____ Last Name First Name Street: _____ State: ____ Zip: _____ City: ____ State: ____ Zip: ____ Email address: _____ Phone Number: _____ Certification: In submitting this application, I certify that all information provided is correct and accurate to the best of my knowledge. Applicant Signature Date

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Educational institution you have chosen	n to attend:
Will you be attending the same institution	on next year:yesno
If no, what institution will you attend:	
Address:	
Year in college next year:	2 3 4
Major course of study:	
FI	NANCIAL INFORMATION
Cost of one year at this educational inst	itution:
Tuition	
Room & Board	
Books	
Miscellaneous expens	es
(please list)	
TOTAL COST	
Send an official college transcript to:	

Murray School Foundation 1411 Church Street Murray, IA 50174

Provide 2 letters of recommendation from your college instructors using the 2025 Stephenson Returning Student Recommendation form.

List college activities, awards & honors you have received. (Please indicate if you have served in a leadershi role.)	p
Have you done any volunteer work? Include any activities relating directly to your chosen field of s	study.
What responsibility will you take in paying for your own college?	

ESSAYS

In a short statement (300 words or less), please indicate why you are deserving of this scholarship.		

Murray Community School Scholarship Foundation 2025 Recommendation Form

Student Name:	
Directions : Please write a recommendation for the above student, incluyou know the student, student's attitude, work habits, diligence, and qu	_
Please return by April 1, 2025	
Email to: justliz1411@yahoo.com	
Instructor's name:	
College or University:	
Recommendation:	
Instructor's Signature Date	te

Murray Community School Scholarship Foundation 2025 Recommendation Form

Student Name:
Directions : Please write a recommendation for the above student, including information on how you know the student, student's attitude, work habits, diligence, and quality of work.
Please return by April 1, 2025
Email to: justliz1411@yahoo.com
Instructor's name:
College or University:
Recommendation:
Instructor's Signature Date