

DR. STACI JO GARVIN MEMORIAL SCHOLARSHIP
2024

Provided through the
Hillsboro Educational Foundation,
Inc.

This \$1000.00 scholarship for tuition and fees is awarded to a Hillsboro High School graduate in memory of Dr. Staci Jo Garvin. Dr. Garvin was a 1994 graduate of Hillsboro High School. She received her Bachelor and Master Degrees from Truman State University, received her Doctorate Degree at Northern Illinois University, and went on to teach at Concordia University, Chicago, in the education department. Teaching was her passion, and she kept learning in order to teach others.

CRITERIA

- o The applicant must have maintained a 2.5 grade average or above at Hillsboro High School.
- o Financial need (family size, income, costs, unusual circumstances) o A brief (typewritten) essay detailing future plans (choice of school, major concentration, plans after completion) must be submitted with the application.
- o Application must be submitted to the counselor's office by the date listed on the cover sheet.

AWARD

- o This scholarship will be announced at the Hillsboro High School Honor's Night by a member of the Educational Foundation.
- o One scholarship in the amount of \$1000.00 will be awarded.

FUNDING

Funding for this scholarship is made through donations from friends and family of Dr. Garvin.

**Dr. Staci Jo Garvin Memorial
Scholarship
2024**

Name of Applicant: _____

Parent's Name: _____

Parent's Place of Employment: _____

of Siblings: _____ # of siblings in college/trade school: _____

Explain any unusual demands on your family income:

Extra curricular activities (clubs, work, sports, etc.) Attach extra sheets if needed.

University/school you will be attending: _____

Area of study: _____

Attach a brief (2 – 3 paragraphs, typewritten) essay detailing future plans. You should include your choice of school, major concentration, why you chose this field, and plans after completion.

Please include two letters of recommendation with your application.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____