

JO MARSHALL MEMORIAL SCHOLARSHIP FUND APPLICATION

Full Name		Date of	Date of Birth	
Address				
City		State	Zip	
Phone	E-mail			
Name and address of Nevada	Institute of Higher Learn	ing where currently	enrolled	
Date of Enrollment	Degree S	Seeking Student		
Have you carried 12 credits in Based on university standards, a SophomoreJuniorSome Registered Republican? Honors/Awards/Special Recommendations	are you considered a: Yes eniorGraduate Student YesNo	No	No	
Are you a Nevada resident? Are you a Nevada Federation If yes, name of Nevada Federation	n of Republican Women cl	ub member?	YesNo	
• Two letters of recomm	ne following attachments for iversity transcript and promendation from a non-reladescribing a significant ac	of of current registrative	ation	
Above statements are true an Applicant's signature		•	Date	
Name of sponsoring club				
Signature of Club President of	or First Vice President			
]	Date	

Submit application to: Lia Roberts, Literacy and Education Chair, robertslia@aol.com, 702 858 4508