

## **Mary Sandy Scholarship 2024**

The Mary Sandy Scholarship has been established to provide financial assistance to graduating seniors of Chariton High School whose goal is to pursue a career in teaching. Two scholarships, in the amount of one thousand dollars (\$1,000) each, will be awarded.

### **Scholarship Background:**

The scholarship was established by Dr. Bill Sandy and family in honor of his mother's 80<sup>th</sup> birthday "to honor her contributions to the education of our family and the members of the surrounding community." Mary is a graduate of Chariton High School. She attended Chariton Junior College during its last year in existence and went on to a 35-year teaching career before retiring.

Mary began her teaching career in 1943 in Liberty Center. She taught there for six years before "taking a six-year recess" to raise her family. In 1959, she began a twenty-nine-year career teaching third grade, fourth grade, or special reading in the Russell School District. She retired, but five years later she returned to substitute teach for eight more years because she "missed the kids."

Mary and her husband Max lived in the Russell area until Max retired from farming and they moved to Chariton.

### **Application Process and Eligibility:**

Eligible applicants will be graduating seniors of Chariton High School. Candidates should submit a completed application packet to the Scholarship Selection Committee by **5 p.m. on Friday, April 12, 2024**. Completed applications should include all of the following:

- \_\_\_ Application form
- \_\_\_ Two letters of reference
- \_\_\_ Essay—typed, double-spaced, and 500 words or fewer (See application.)
- \_\_\_ Copy of current high school transcript
- \_\_\_ Completed copy of Financial Management Budget Form

The scholarship is a one-time, non-renewable disbursement. The scholarship funds will be sent to the two recipients' educational institution following receipt of written verification of enrollment.

Completed application packets should be mailed or brought to:

Chariton Area Chamber/Main Street  
Mary Sandy Scholarship Selection Committee  
104 North Grand Street  
P.O. Box 735  
Chariton, IA 50049

**DEADLINE: 5 p.m. on Friday, April 12, 2024.**

**Mary Sandy Scholarship  
2024**

**Application Form**

(Please type or print legibly)

Name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Other phone \_\_\_\_\_

Email \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Planned field of study \_\_\_\_\_

Planned school/college/university \_\_\_\_\_

**Scholastic**

High school attended \_\_\_\_\_

Rank in class: \_\_\_\_\_ out of \_\_\_\_\_

Grade point average \_\_\_\_\_ ACT score \_\_\_\_\_

**Leadership/Community Involvement** (Attach additional sheets if necessary.)

Community involvement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Leadership positions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

School and/or other activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Essay:**

On a separate sheet of paper your essay should be typed, double-spaced, and 500 words or fewer: Describe your involvement in school activities, your personal and professional goals, and why you would like to be considered for the Mary Sandy Scholarship.

**Mary Sandy Scholarship  
2024  
Financial Management Budget**

Please complete the financial management budget worksheet using cost estimates from the school you are *most likely* to attend.

Applicant Name \_\_\_\_\_

College or University \_\_\_\_\_

Approximate start date: \_\_\_\_\_

**Tuition**

Per semester or term: \$ \_\_\_\_\_

Per year: \$ \_\_\_\_\_

**Room & Board**

Per semester/term: \$ \_\_\_\_\_

Per year: \$ \_\_\_\_\_

**Books**

Per semester/term: \$ \_\_\_\_\_

Per year: \$ \_\_\_\_\_

**Fees**

Per semester/term: \$ \_\_\_\_\_

Per year: \$ \_\_\_\_\_

**Transportation**

Per semester/term: \$ \_\_\_\_\_

Per year: \$ \_\_\_\_\_

**Other expenses** (Please describe)

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**Please list any financial assistance you expect to receive.** Include financial aid from the school listed above as well as any other scholarships or awards you have been granted or expect to receive from other sources:

Source \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_

**I/we acknowledge that all preceding information is true to the best of my/our knowledge.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian (if applicant is a dependent)

\_\_\_\_\_  
Date