

Marli Hamblin Memorial Scholarship

The Marli Hamblin Memorial Scholarship was created in the hope that Marli's Miracles may continue on in the lives of others in her honor. Marli was a miracle to her family and those around her and became a miracle to many others by being an organ donor. We hope that Marli's influence will live on in the lives of those who share her positive attitude, zest for life, and her desire to share a smile with others. Marli was a Syracuse Junior High and High School cheerleader who would have graduated in 2017. She was an excellent student with lots of school spirit and a friend to all. She wanted to pursue a career in the medical field, working with infants and children whom she loved so much.

Marli was a strong girl both physically and mentally, and so beautiful on the inside and out.

The scholarship recipient must share Marli's, and our family's, passion, to help make a difference in the world. We are looking for an exceptional individual who will help carry Marli's legacy forward. If you exemplify these qualities, we want to honor you by awarding you the Marli Hamblin Memorial Scholarship. The scholarship awards vary up to \$1,000.

Eligibility:

- Graduating senior from Syracuse High School
- 3.0 cumulative GPA or higher
- Desire to make a difference

Applicant Requirements:

- Complete Student Information Form
- Signed Photo Release
- 2 Letters of Recommendation (one from a past or present teacher and one from a community member)
- Essay:

Please provide a separate TYPED one-page letter that (1) explains how this scholarship will help you make a difference in the world, (2) tells us what you are passionate about, and (3) list your awards and involvement in extracurricular activities.

- Official copy of your most recent high school transcript
- Photograph (May be used for publicity purposes)

**Applications will be accepted until 1:00 on Thursday, April 20th 2023
in the Syracuse High School Counseling Center.**

Student Personal Information Form

Full name:

Address:

City/State/Zip:

Telephone: _____ Birthdate: _____

Email Address: _____ Sex: M _____ F _____

College or University to Attend:

Intended Field of Study:

Career Goals: _____

Did you or someone you know have an association with Marli Hamblin or her family? This can include your parents, teachers, friends, etc. This information will not influence the application selection.

Yes _____ No _____

If yes, how? _____

Student Photo Release

As parent/guardian of _____, I hereby grant permission for my student to be included in any publications or media for the Marli Hamblin Memorial Scholarship. I authorize the Marli Hamblin Memorial Scholarship Team to publish my student's name, photograph, achievements, and excerpts from the application essays to any blog, Facebook page, or other publications intended for advertising or celebration of this scholarship.

I hereby release Marli Hamblin Memorial Scholarship (and its committee/team members) from any liability associated with the media coverage stated above.

Parent Signature

Date

Student Signature

Date