

# MORROW SOIL AND WATER CONSERVATION DISTRICT DON MCGINNIS MEMORIAL SCHOLARSHIP

The Morrow SWCD will award one (1) Five Hundred Dollar (**\$500.00**) scholarship for the academic year 2025-26.

## Criteria

1. Applicant must be pursuing an Environmental or Agricultural course of study.
2. Applicant must be completing his/her senior year in high school.
3. Applicant must be entering his/her freshman year at a two or four-year accredited college.
4. Applicant must be graduating from one of the five Morrow County High Schools. (Cardington Lincoln, Gilead Christian, Highland Local, Mt. Gilead Exempted Village, or Northmor Local)
5. Applicant must maintain at least a 2.0 grade average on a 4.0 scale.

## Method of Application

1. Application forms are available at the Morrow Soil and Water Conservation District office:

*5362 US Highway 42, Suite 202  
Mt. Gilead, Ohio 43338  
(419) 946- SWCD (7923)  
or  
www.morrowswcd.com*

2. Applications must be **returned by Friday, April 4, 2025.**
3. Official transcript of high school grades must be submitted with application.

## Selection Process

Recipient will be **announced the week of April 14, 2025.**

Selection committee will consist of two Morrow SWCD Board representatives and a representative from the McGinnis family.

Selection committee will review all applications and have the option to interview, if desired. Committee decisions are final.

## Method of Distribution

Scholarship will be paid in one lump sum. Upon proof of acceptance to an accredited college, the check will be made payable to the recipient and college they are attending.

Entire scholarship must be used within one year of announcement.

If scholarship is not used within designated year, remainder will be returned and placed back into the Don McGinnis Memorial Scholarship Fund.

**MORROW SOIL AND WATER CONSERVATION DISTRICT  
2025-26 DON MCGINNIS MEMORIAL SCHOLARSHIP  
APPLICATION FORM**

(Please Print or Type)

If more space is needed, please attach additional sheets.

**APPLICANT DATA**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Social Security No. \_\_\_\_ (only needed if chosen) \_\_\_\_ Date of Birth \_\_\_\_\_

**PARENTS/GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

**SCHOOL DATA**

Name of High School you are attending for the 2024-2025 academic year \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Year Graduating \_\_\_\_\_ Your Rank \_\_\_\_\_ in class of \_\_\_\_\_ Major \_\_\_\_\_  
Current GPA \_\_\_\_\_

**This is certified true and accurate:**

\_\_\_\_\_  
Principal, Guidance Counselor or College Advisor - **specify**

**COLLEGE DATA**

Name of College or University you will be entering the fall of 2024 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Planned Major \_\_\_\_\_

**What are your long-range goals:**

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**List your accomplishments, leadership abilities, community service involvement and personal interests:**

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**Why do you feel you should receive this scholarship?**

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**List any other scholarships, awards and loans you will be receiving for the 2025 –2026 school year.**

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**Briefly explain any background or experience you might have related to agriculture and related fields.**

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**CERTIFICATION:**

In submitting this application, I hereby certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of the information that I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

We hereby certify that \_\_\_\_\_, an applicant for the Don McGinnis Memorial Scholarship, fully intends to obtain a minimum of an Associate Degree at an institution of higher learning. We further certify that the information listed in this application is true and accurate.

Principal, Teacher, Counselor, etc. \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TO THE APPLICANT:**

Please arrange to have three letters of reference submitted to the Morrow Soil and Water Conservation District. All information will be treated as confidential and used only by those involved with the Don McGinnis Memorial Scholarship selection process. You might consider providing these reference persons with stamped, addressed envelopes for their convenience in forwarding the letters to the Morrow Soil and Water Conservation District.

**RETURN APPLICATION AND REFERENCE LETTERS TO:**

*Morrow Soil & Water Conservation District  
5362 US Highway 42, Suite 202  
Mt. Gilead, Ohio 43338  
(419) 946-SWCD (7923)*

**DEADLINE:**

Reference letters and applications are due to the Morrow SWCD office by **April 4, 2025.**

Recipient may be asked to supply a 3" x 2" head and shoulder photo.