

Maryanne Pflug Memorial Scholarship

The Heather Twig of Trinity Health System Auxiliary established the scholarship to honor the memory and life's work of Maryanne K. Pflug. Maryanne was a 25-year active member and supporter of Heather Twig. She was the founder and principal of the MKP Research Group, a Steubenville, Ohio business. She worked with Fortune 100 companies across the nation to research foods and consumer preferences through focus groups, brainstorming and other creative marketing techniques. A graduate of Miami University of Ohio, Maryanne worked in research for 15 years at Procter and Gamble and at pharmaceutical giant SmithKline Beecham before forming her own company. Pflug sat on the board of trustees of Trinity Health System.

Application Checklist

Application Deadline: February 21, 2020

Application Guidelines – Carefully read this page to ensure your application is complete.

Please complete the application as presented. Do not include materials that are not requested.

Eligibility Requirements:

- Accepted for full-time attendance at an accredited four-year college or university or an associate degree program within a community college, majoring in business, marketing or management
- Exemplify Maryanne's "zest for life" and business goals
- Maintain a 3.5 GPA or above on a non-weighted scale
- Be a female resident of Jefferson County, graduating from a Jefferson County high school

Checklist:

- Activities Form** – Please use the included form to provide information on Extracurricular Activities, Awards and Honors, Community and Volunteer Activities, and Work Experience. ***Do not attach resumes or other similar documents.***
- Letters of Recommendation** – Ask **two evaluators** to complete form and return to you in a sealed envelope with evaluator's signature. Include the recommendations with all other application materials. ***Parents, immediate family members or school counselors are NOT eligible to write the letter of recommendation.***
- Academic Certification Form** – Have appropriate school official complete form and return it with other application materials.
- Personal Essay** – Please attach a personal essay.

Return completed application to:

CFOV

1226 Chapline Street

Wheeling, WV 26003

(applications must be received by February 21)

Application: Maryanne Pflug Memorial Scholarship

PERSONAL INFORMATION

Name: _____

Permanent Address: _____

Street or PO Box

City

State

Zip

What county do you live in? _____ U.S. Resident? Yes No

Date of Birth: ____/____/____ Telephone: _____

Email: _____

ACADEMIC INFORMATION

Name of high school: _____

Name of school counselor: _____

High School Phone Number: (____) ____ - ____

UNIVERSITY INFORMATION

Name of college/university in which you plan to enroll:

Name

City

State

Have you been accepted? Yes No

Will you be full-time (12 or more credit hours) this fall? Yes No

Anticipated major or area of study: _____

****This scholarship is for the benefit of students majoring in business, marketing or management***

Do you plan to live: on campus off campus commute unknown

Activities Form

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.**

Extracurricular Activities	Year				Position Held
	Fr	So	Jr	Sr	
Community/Volunteer Activities	Year				Position Held
	Fr	So	Jr	Sr	
Awards and Honors	Year				Comments
	Fr	So	Jr	Sr	
Work Experience	Dates of Employment				Position Held

Recommendation Letters – *Two are required*

Signed and sealed letter must accompany this application.

Letter 1

Name: _____

Relationship: _____

Letter 2

Name: _____

Relationship: _____

When selecting someone to complete your recommendation, select someone who will be thorough in the review of your character. Select someone who knows you well and will be able to give a candid and unbiased evaluation. ***Your recommendation must be completed by someone other than your parents, immediate family or school counselors.***

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship, being mindful of the intention of this scholarship. ***(Remember, this scholarship is for the benefit of a student entering his/her first year of college planning to major in business, marketing or management. It is given in memory of Maryanne Pflug. Your letter should demonstrate your understanding of this scholarship's intention and how the applicant reflects those intentions.)***

Personal Essay

Please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay should be no more than two typed pages.

Remember, this scholarship is for the benefit of a student entering his/her first year of college planning to major in business, marketing or management. It is given in memory of Maryanne Pflug. Your essay should demonstrate your understanding of this scholarship's intention and how you reflect those intentions.

In general, there is no “correct” way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.

Signature _____ Date _____

Letter of Recommendation Form

Application Deadline: February 21, 2020

To Evaluator: The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses should not exceed one page.

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I am writing this evaluation on the behalf of _____

Evaluator's Name: _____

Telephone Number: (_____) _____ - _____

Relationship to applicant: _____

How long have you known the applicant? _____

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.

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Academic Certification Form

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

High School Applicants

Submit this form to your counselor for completion, be sure the reported information includes the first semester.

Student's Name: _____

School: _____

Current Class Rank: _____

Current Cumulative GPA: _____

SAT Scores (single test date)

Date of Test: _____

Verbal: _____

Math: _____

Combined: _____

ACT Scores (single test date)

Date of Test: _____

English: _____

Math: _____

Reading: _____

Science: _____

Composite: _____

Person completing this form: _____

Title: _____

Signature: _____ Date: _____