

BILL H. DARNELL SCHOLARSHIP APPLICATION

As the founding Director of the Ardmore Higher Education Center (now Murray State College Ardmore), Bill H. Darnell had a vision for providing higher education opportunities for the citizens of southern Oklahoma. This scholarship articulates and reinforces that vision in a tangible way by offering financial support for individuals who choose to remain in the area while pursuing their higher education degree. Mr. Darnell was greatly admired by his colleagues, community members, and students.

Please read all instructions carefully. Scholarships are awarded for **FALL 2024**. Deadline is **SEPTEMBER 19, 2024**.

Return to: MSC Ardmore Reception desk or

Mail to: Murray State College Ardmore, Attn: Labeth Nall, 2901 Mt Washington Rd, Ardmore, OK 73401 or

E-mail to: Inall@mscok.edu

Questions? Contact Kirk Rushing, Scholarship Committee Chair, at (580) 513-1767

All applicants will be notified in writing of their award status following the committee’s deliberations.

Name _____ Student ID# _____ or last 4 of Social Security Number XXX-XX-_____

Address _____ City _____ Zip Code _____

Phone _____ E-Mail _____

Field of Study _____ Freshman ___ Sophomore ___ Junior ___ Senior ___

Check your eligibility carefully, based on the following criteria:

- Legal resident of Southern Oklahoma
 - High school graduate
 - Have not previously completed a bachelor’s degree
 - Good academic standing with all higher education institutions previously attended
 - Enrolled in six (6) or more credit hours conducted in person or online using resources at Murray State College Ardmore during the semester in which the application is made. (Zero level classes do not count toward the required hours.)
- **Demonstrated leadership roles in school/community and exhibited positive congeniality with students, staff, and faculty**

Please provide required documents:

- Transcript** of all previous academic work (Please note: ***Does not need to be official***)
- Copy of **Student Aid Index (SAI)**
- Most recent Billing Statement** from your college
- 1-page personal statement** showing how you fulfill the starred ** criteria above

All information included in this application is true, accurate and complete to the best of my knowledge. By signing this form, I give my college/university permission to discuss my academic records which are pertinent to this scholarship selection, including my grades, bill and financial aid with the scholarship selection committee.

Applicant’s Signature

Date

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FOR STAFF COMPLETION: **DATE APPLICATION RECEIVED** _____

- REQUIRED DOCUMENTS:**
- Transcript Student Aid Index Billing Statement
 - 1-page personal statement