

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 2026-27.

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

programadmin@morrowcountyohio.gov

2. Applications must be **returned by 4:30pm on Friday, April 8, 2026.**
3. Official transcript of high school grades must be submitted with application.

Selection Process

Recipient will be **announced the week of April 13, 2026.**

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
2026-27 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 2025-2026 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 2026 _____
Address _____ City _____
State _____ Zip _____ County _____ Telephone Number (____) _____
Planned Major _____

What are your long-range goals:

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

Why do you feel you should receive this scholarship?

List any other scholarships, awards and loans you will be receiving for the 2026 –2027 school year.

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

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 **4:30pm April 8, 2026.**

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