



Dear ESA Marsh Scholarship Applicant:

Thank you for your Eastern Surfing Association (ESA) Marsh Scholarship Program inquiry.

Please review the following general information, qualification criteria and details on additional items that must be submitted along with the application to be considered for a Marsh Scholarship grant award.

The Marsh Scholarship Fund is the largest and longest running scholarship program in the US surfing community that annually awards approximately \$8,000.00 in financial aid to ESA surfers.

The ESA Marsh Scholarship grants are awarded to current ESA members who are in good standing, US citizens and based on academics rather than athletic ability. Previous grant recipients may apply again.

We look forward to receiving your application for the ESA Marsh Scholarship. If you have questions or concerns, please do not hesitate to contact [centralhq@surfesa.org](mailto:centralhq@surfesa.org).

Sincerely,

*Michelle Sommers*

Michelle Sommers, ESA Executive Director



## MARSH SCHOLARSHIP PROGRAM APPLICATION GUIDELINES

**PURPOSE:** The Marsh Scholarship Program began when it was instituted in 1981 by former ESA Executive Director Dr. Colin J. Couture to recognize and honor the accomplishments of the Marsh Family of North Carolina and young Mike Marsh in particular. Led by his legendary East Coast family and surfing's highly respected matriarch, Bette Marsh, Mike set a pioneering example for students everywhere by earning his law degree while simultaneously and successfully waging his own personal battle with cancer. The purpose of the program is to offer financial aid to deserving ESA student surfers wishing to continue their education beyond secondary school level. The grants are awarded to ESA members on the basis of academics and U.S. citizenship, rather than athletic ability.

### APPLICANTS MUST SATISFY THE FOLLOWING CRITERIA:

- 1. You must be a *CURRENT Eastern Surfing Association member in good standing.***
2. When filling out the application, print in ink or submit typewritten (preferred).
3. No application will be considered without an official school transcript. You should request your school(s) to send an official transcript(s) to the address below.
4. Submit a letter of recommendation along with your application. The letter should be from someone who is not a member of your family.
5. Submit a short, (no more than 500 words) typewritten letter addressed to the Marsh Scholarship Committee detailing your future goals and how your choice of educational institutions will help you reach these goals.
- 6. *Application and all other pertinent information must be returned to the Marsh Scholarship Committee by July 1.***

The Marsh Application, along with the additional information you attach, will be used to determine your eligibility for an ESA Marsh Scholarship Grant. To this end, you are advised to follow the directions above very carefully and submit all items required completely.

Please mail the above required information to:  
**ESA Marsh Scholarship Program**  
**11 Long Point Road**  
**Stony Creek, CT 06405**

The Marsh Scholarship Committee will announce recipients by September 1 of each year.



**MARSH SCHOLARSHIP PROGRAM  
AWARD APPLICATION**

**CURRENT ESA MEMBERSHIP EXPIRATION DATE:** \_\_\_\_\_

**Please note: You must be a current ESA member to qualify to apply.**

**PERSONAL INFORMATION**

Last Name, First Name, Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Name of school you are presently attending: \_\_\_\_\_

School Address/City/State/Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_

Years of attendance: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Degree: \_\_\_\_\_

List the schools you have applied to below. If accepted, give the year and semester you plan to attend.

*Continued on next page...*



School: \_\_\_\_\_ Accepted Yes / No:

School: \_\_\_\_\_ Accepted Yes / No:

List other applied for financial assistance:

Name of Grant: \_\_\_\_\_ Approved: Yes / No:

Name of Grant: \_\_\_\_\_ Approved: Yes / No:

#### **ESA INFORMATION**

Name of ESA District: \_\_\_\_\_

Joined/Renewed Date: \_\_\_\_\_

Number of years an ESA Member:

Please list official roles you have held in your District and the dates held:

Briefly explain your involvement with your District, previous Districts, or with the ESA: