



Scholarship Program Application

Applicants Demographics

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP _____

Home Phone: _____ Cell Phone: _____

For Statistical Purposes Only

Ethnicity/Nationality: ☐ White ☐ Hispanic or Latino ☐ African American ☐ Asian ☐ American Indian or Alaska Native

Gender: ☐ Male ☐ Female

Are you or an immediate family member a McDonald's Employee? ☐ Yes ☐ No

Have you or a family member ever stayed at a Ronald McDonald House? ☐ Yes ☐ No

Where did you stay? City: _____ State: _____

Have you or a family member ever volunteered at a Ronald McDonald House or Family Room? ☐ Yes ☐ No

Are you a first-generation student to attend college? ☐ Yes ☐ No

How did you hear about the Ronald McDonald Scholarship? ☐ Guidance Counselor ☐ Website
☐ Scholarship Directory ☐ Other _____

Family Information

Applicant's Place of Birth: City: _____ State: _____

Guardian's Name: First Name: _____ Last Name: _____

Relationship to Guardian: _____

Guardian's Phone Number: _____

Academics

High School Name: _____

High School Address: _____ City: _____ State: _____ ZIP _____

High School Counselor's Name: _____

High School Phone Number: _____

Academic Scores:

GPA Scale: _____ GPA: _____

Is your GPA Weighted or Un-Weighted: ☐ Weighted ☐ Un-Weighted

Does your school rank students? ☐ Yes ☐ No

Class Rank: _____ Class Size: _____

Have you taken the ACT or SAT? ☐ Yes ☐ No ACT or SAT Scores: _____

Does your school offer Honors, AP, or IB programs? ☐ Yes ☐ No

Were you a part of any? (please list) _____

Institution Name: _____ Institution State: _____

Major: _____

Community Involvement/Volunteer Service

Organization	Description of Activity	Total Hours	Duration of Involvement	Are you still actively participating?

Extracurricular Activities

Description	Highest Position Held	Number of Years Involved

Work Experience (if applicable)

Employer	Position	Start Date	End Date	Average Hours Per Week

Verification of Activities

Contact Full Name	Contact Email	Contact Phone Number	Which activity will contact verify?

Financial Information:

Do you live with at least one of your parents? ☐ Yes ☐ No

Were your parent(s)/legal guardian(s) employed last year? (2016) ☐ Yes ☐ No

Marital Status of parent(s) or guardian(s)? ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Do your parent(s)/legal guardian(s) receive any Federal or State Aid? ☐ Yes ☐ No

Total cash, checking, savings, and cash value or stocks (exclude 401K, IRA): _____

Total number of family members living in household and primarily supported by the reported income: ____

Special Circumstances (Optional):

Other Scholarships/Awards

Name of Scholarship/Award	Status	Possible Amount

Essays (500 words or less)

What are your career aspirations?

Who is the most influential person in your life? Why?

How would you describe your character?

Share your experience on the significance and impact the childhood illness or injury had on your family.

Recommendation Information

First Name: _____ Last Name: _____

Email: _____ Phone Number: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

How well do you know the applicant?

How well does the applicant challenge his or herself, manage time and utilize academic support networks?

How does the applicant lead or motivate others?

How is the applicant at understanding his or her personal strength and weaknesses?

Can you rate the applicant's community involvement and extra-curricular activities?

Overall impression, if you were making the decision to award this applicant, would you?