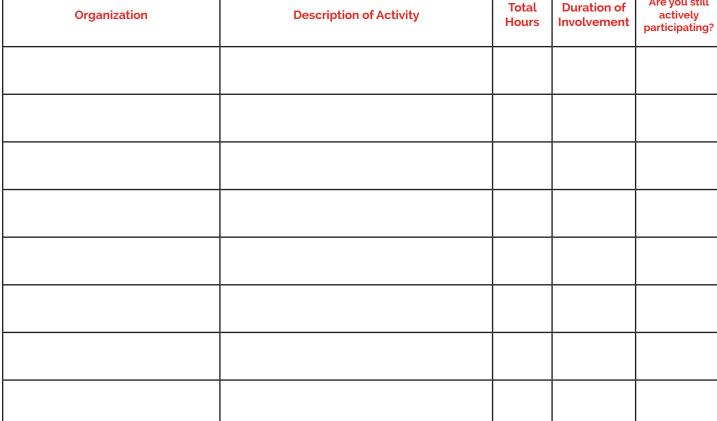


Scholarship Program Application

Applicants Demographics

First Name:	Middle Initial:	Last Name:	
Address:	City:	State:	ZIP
Home Phone:	Cell Phone:		
For Statistical Purposes Only	1		
Ethnicity/Nationality: White Hisp	anic or LatinoAfrican Ameri	can Asian America	n Indian or Alaska Native
Gender: Male Female			
Are you or an immediate family mem	ber a McDonald's Employe	ee?	
Have you or a family member ever sta	ayed at a Ronald McDonal	d House? ⊡Yes ⊡No)
Where did you stay? City:	State:		
Have you or a family member ever vo	lunteered at a Ronald McI	Donald House or Fam	ily Room?
Are you a first-generation student to a	attend college?	No	
How did you hear about the Ronald M	1cDonald Scholarship?	Guidance Counselor Scholarship Directory	
Family Information			
Applicant's Place of Birth: City:	State:		
Guardian's Name: First Name:	Last Name:		
Relationship to Guardian:			
Guardian's Phone Number:			
<u>Academics</u>			
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-Weight	ghted: 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:	Inst	itution State	2:	
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
	l .	1

Work Experience (if applicable)

Employer	Position	Start Date	End Date	Average Hours Per Week



Verification of Activities

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

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)?
Do your parent(s)/legal guardian(s) receive any Federal or State Aid?
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



What are your career aspirations? Who is the most influential person in your life? Why?



Essays (500 words or less)

How would you describe your character?
Share your experience on the significance and impact the childhood illness or injury had on your family.
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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 her networks?	self, manage time and utilize academic support
How does the applicant lead or motivate others?	
How is the applicant at understanding his or her p	personal strength and weaknesses?
Can you rate the applicant's community involven	nent and extra-curricular activities?
Overall impression, if you were making the decisi	on to award this applicant, would you?

