



**Ronald McDonald  
House Charities®**  
of the Southwest

# 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?