

MORRISON COMMUNITY DEVELOPMENT ASSOCIATION
2018 SCHOLARSHIP APPLICATION
FOR HIGHER EDUCATION/VOCATIONAL EDUCATION APPLICANTS

DUE IN COUNSELOR'S OFFICE: Friday, April 20th @ 4:00 pm MAY BE TYPED OR HANDWRITTEN

*Please attach one (1) recommendation letter from a Teacher at MHS

PERSONAL INFORMATION

Full Legal

Name: _____

Address: _____ City _____ Zip _____

Home Telephone _____ Cell Phone _____

Email: _____ Name you go by _____

Date of Birth: _____

Dependent Brothers/Sisters (Including you) _____ Number living at home _____

Number of Children Now In College/Vocational Training: _____

Guardian _____ Day Phone _____

Mother: Living at Home

Deceased _____ Occupation _____

Father: Living at

Home _____ Deceased _____ Occupation _____

HIGH SCHOOL INFORMATION

Morrison High School Graduation Date _____ GPA _____

Rank in Graduating Class _____ Out of _____ ACT/SAT Score _____

***Attach a copy of of your high school transcript and proof of ACT/SAT Score(s)**

COLLEGE - List schools to which you have applied

_____ Accepted? YES NO

_____ Accepted? YES NO

_____ Accepted? YES NO

_____ Accepted? YES NO

List school, if determined you will attend:

Field of Study:

FINANCIAL NEED

Parent(s) Now In College/Vocational Training YES NO

Type(s) Of Training: _____

Total Yearly Net Income of Family: (Circle One)

Less than \$10,000 \$10,000 to \$20,000 \$21,000 to \$30,000
\$31,000 to \$40,000 \$41,000 to \$50,000 \$51,000 to \$60,000 More than \$61,000

Applied for Financial Aid? YES NO

List Scholarships you will receive. Do not include loans or other funding that must be repaid.

OHLAP \$ _____ Tuition Waivers \$ _____

Grants and Scholarships

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

What is your parent(s)' Ability To Help With College/Vocational Training Expenses:

LEADERSHIP AND EXTRACURRICULAR ACTIVITIES

List your principal leadership roles and extracurricular activities, in the order of importance to you. State the name of the organization, years involved, hours-per-week commitment, leadership role, and responsibilities held in that role. Examples include, but are not limited to, student government, publications, debate, orchestra/band, varsity athletics, church group, performing arts, service programs, etc. You may attach an additional activity sheet.

Activity Received	Grade Level				Hours/Week	Positions Held/Honors
	9	10	11	12		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Are your parent's a current MCDA member? YES NO

Priority will be given to students whose parents are MCDA members.

WORK EXPERIENCE

List jobs you have held between August 1, 2015, and April 1, 2018. Start with the most recent and include work on a family farm or for a family business, even if you were not paid. If necessary, attach a separate sheet structured identically to this section. List approximate total hours worked, not average hours per week.

Specific Nature of Work	Employer	Approximate Dates of Employment	Total Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRAND TOTAL HOURS WORKED = _____

HONORS AND AWARDS

List scholastic, extracurricular, and civic honors and awards received during grades 9 through 12. Select the year received, state the nature of award and select the level of recognition. Please do not abbreviate names of awards, as we may not understand their meanings.

Grade Level				Honor/Award	Level of Recognition			
9	10	11	12		School	State	National	Int'l
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY SERVICE

List community service you performed between August 1, 2015, and April 1, 2018, starting with the most recent. If necessary, attach a separate sheet structured identically to this section. List approximate total hours, not average hours per week.

Specific Nature of Service	Organization	Approximate Dates of Service	Total Hrs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRAND TOTAL HOURS OF SERVICE = _____

How will this Scholarship help you achieve your goals?

****Awards will be sent to college/vocational training bound students upon receipt of thank you note(s) and proof of enrollment in the fall semester.**