



The Bill McKenna Memorial Scholarship Foundation

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly

Application postmark deadline May 31, of the Application Year

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home _____
 Mailing Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Telephone (_____) _____ E-mail Address _____
 Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____
 Please indicate your status. (For statistical purposes only) ☐ Male ☐ Female

MEMBER/ PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Telephone (_____) _____ Fax Number (_____) _____
 E-mail Address _____
 Relationship to Applicant _____ The applicant is a dependent of the member ☐ Yes ☐ No

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.
 _____ City _____ State _____
 _____ City _____ State _____
☐ 4 yr. College or University ☐ 2 yr. Community or Junior College
☐ Vocational-Technical School ☐ Other, explain _____
 Year in school **next** year: 1 2 3 4 5
 Major or course of study: _____ Expected college graduation date: Month _____ Year _____
 Degree sought: ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other, explain _____

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

LETTERS OF REFERENCE

In support of this application, Two letters of reference are required from the following people who are familiar with the applicant.

1. **Letter of personal reference about outside activities (i.e. in church or in the community):** Please request a letter of reference from an unrelated person familiar with the applicant's activities outside of school. The Committee will be interested in sincerity of purpose, ability to get along with others, leadership, and other qualities demonstrated.
2. **Letter of reference from a teacher, counselor, or other school official:** The Committee would like a personal evaluation of the applicant that shows successful leadership, accomplishments in extracurricular activities, and the ability to meet problems, etc.

Supplementary materials must be clearly labeled and securely attached to the primary document. Applications without two letters of reference will not be considered.

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family, personal, or financial circumstances have affected your achievement in school, work experience, or your participation in school and community activities. All such information will be held in strict confidence by the BMMSF.

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

1. **Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information is not necessary.)
2. **High school seniors and students who have completed less than one full quarter or semester** of post-secondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT			
	Weighted: _____/4.0 scale Unweighted: _____/4.0 scale	Critical Reading	Writing	Math	English	Reading	English/Writing	Math

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to the BMMSF on time. Incomplete applications may not be evaluated. This application becomes complete and valid only when the BMMSF has received all of the following materials:

- ☐ Student Application
- ☐ Current Complete Transcript(s) of Grades (including grading scale)
- ☐ Two Letters of Reference

All materials, including transcript, must be addressed to:

The Bill McKenna Memorial Scholarship Foundation
c/o Bob Howenstein
1387 Sunswept Valley Drive
Defiance, MO 63341

Postmark deadline May 31, of the Application Year

CERTIFICATION

The BMMSF board has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of the BMMSF. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of the BMMSF are final. I certify I meet eligibility requirements of the program as described in the brochure and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Member's/Parent's Signature _____ Date _____
(Required only if applicant is under 18 years old)