THE TELISCHAK FAMILY AND MCDONALD'S SCHOLARSHIP APPLICATION

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NAME: _____ **EMAIL:** _____

ADDRESS: _____ **PHONE:** _____

_____

FATHER/GUARDIAN: _____ **OCCUPATION:** _____

MOTHER/GUARDIAN: _____ **OCCUPATION:** _____

OTHER DEPENDENT FAMILY MEMBERS: (BROTHERS/SISTERS)

_____

HIGH SCHOOL(S) YOU HAVE ATTENDED:

NAME ADDRESS DATES ATTENDED

_____

_____

SCHOOL ORGANIZATIONS: Please list all high school organizations that you belong to and if you held an office, indicate what office.

ORGANIZATION OFFICE HELD

_____

_____

_____

_____

_____

_____

APPLICATIONS RETURNED TO THE COUNSELING OFFICE BY THE LAST FRIDAY IN MARCH

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EXTRA-CURRICULAR ACTIVITES: What extra-curricular activities have you participated in? Please list them in the space below.

ACTIVITY **YEAR(S)**

_____

_____

_____

_____

_____

COMMUNITY ACTIVITIES: List all community activities that you have participated in over the last four years.

ACTIVITY **YEAR(S)**

_____

_____

_____

_____

_____

HONORS IN SCHOLASTIC, ATHLETIC, OR OTHER AREA: What awards or recognitions have you received in school or out? Please list them below.

ORGANIZATION **OFFICE HELD**

_____

_____

_____

_____

_____

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EMPLOYMENT HISTORY: Please list the place(s) of employment or work you have done (before or after school, on Saturday, during summer vacation, etc.) at home or for others in the past four years.

COLLEGES/UNIVERSITIES: List all schools that you have applied to and have been accepted; and then rank them according to your preference.

Name of College/University	Rank

COLLEGE ADMISSION TEST SCORES: (If applicable)

ACT

Subject Area	Score
English	
Math	
Science	
Reading	
Composite	

SAT

Subject Area	Score
Reading/Writing	
Math	
Total	

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Neatly write or type an essay explaining your desired career choice, where you see yourself in five years after college, and why you would like to be considered for this scholarship.

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RECOMMENDATION LETTER: Please request a letter of recommendation from a teacher and attach to this application.

SIGNATURES:

I authorize the scholarship committee to utilize my high school transcripts as part of the selection process for this award.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY: (School Counselor will complete this portion.)

GPA: _____ **CLASS RANK:** _____/_____ **Transcript Attached:** ____
(Rank/Class Size)

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