John "Ralphie" McDaid Memorial Scholarship

ELIGIBILITY/CRITERIA

This scholarship is dedicated to the memory of John "Ralphie" McDaid, a former Lincoln student and Adrian High School alum, who passed away on November 2, 2011. John was a friend to all, and always willing and eager to serve, and to help others. This scholarship is open to any and all APS seniors.

APPLICATION PROCEDURES

Submit Adrian High School Scholarship Application (including all attachments listed on the application)

All applications MUST BE HAND-WRITTEN

ESSAY MUST BE HAND-WRITTEN



Adrian High School Scholarship Application

Common application for ALL Adrian High School Scholarships

NAME	OF	SCHOL	ARSHIP:
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Be sure to submit all necessary documentation listed below. Incomplete applications will not be considered. Submit a SEPARATE common application and documentation for EACH SCHOLARSHIP.

Applicant's Name:			
Parent Names			
Parent Employer(s)			
Number & Street	City	_State	_ Zip
Home phone number	Student cell phone		
Planned course of study			
Are there additional sources of financial support	rt anticipated to fund your colle	ege educatio	n? YES NO

Attach to this application a copy of the following in the order listed: DO NOT STAPLE

- □ Current High School Grade Transcript
- □ College Acceptance Letter
- □ Activities resume (including awards, volunteer, work and school activities, and community service)
- □ 2 Letters of recommendation from faculty, administration or a responsible community person (not related to the applicant), unless a different request is stated for a specific scholarship. Review each scholarship for "specific requirements".
- □ Brief hand-written essay constructing your thoughts based on Ralphie's life philosophy " We do not deserve anything in life, we earn it.

Return Completed Application and Additional Material (if required)

to the Counseling Center by Monday, April 13, 2020 at 3pm

I authorize the release of my high school grades, test scores, and other pertinent information in my high school file to the Selection Committee.

I understand that this scholarship, if granted to me, is for pursuing the course of study at the college/university stated in the application. If for any reason my plans change before beginning my freshman year, I will inform the Scholarship Committee/AHS Business Office by letter. At that time the Scholarship Committee/AHS Business Office will have the right to reevaluate my application and revoke my scholarship.

Signature of Applicant:	Date:	
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Signature of Parent: ___

Date: _____