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

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. DO NOT STAPLE!

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 su	pport anticipated to fund your	college educat	ion? YES

Attach to this application a copy of the following in the order listed:

- □ 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".
- A hand-written essay constructing your thoughts based on Ralphie's life philosophy "We do not deserve anything in life, we earn it." Review each scholarship for "specific requirements".

Return Completed Application and Additional Material (if required) to the Counseling Center by Thursday, April 14, 2022 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: _____

Signature of Parent: _____ Date: _____

Adrian High School Scholarship Application

Common application for ALL Adrian High School Scholarships

A Separate Packet is needed for each Scholarship

NAME OF SCHOLARSHIP:

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. DO NOT STAPLE!

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 anticipated to fund your college education? YES				

Attach to this application a copy of the following in the order listed:

- □ 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 written essay explaining "Why I think I should be the recipient of this scholarship."
- □ Review each scholarship for "specific requirements".

Return Completed Application and Additional Material (if required)

to the Counseling Center by Thursday, April 14, 2022 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: _____

Signature of Parent: _____ Date: _____ Date: _____