

TYPE OR PRINT

Name _____ Birthplace _____

Address _____

Age _____ Date of Birth _____ Sex _____

I attended _____ High School in _____, New York, continuously

from _____ to _____ OR _____

College from _____ to _____ OR _____

Graduate School from _____ to _____ .

What course of study do you intend to pursue? _____

If not currently in college, what college do you expect to attend? _____

_____. Accepted? _____

Have you received or do you expect to receive any financial assistance (Scholarship or otherwise from any source other than your own family? Yes _____ No _____
If "Yes", state the source _____ \$ _____

What is the estimated total annual cost of each year at the college you expect to attend?

Tuition \$ _____ Books \$ _____ Fees, etc. \$ _____

Room & Board \$ _____ Incidentals \$ _____

List briefly your school activities for the last two years:

List briefly your hobbies, interests and employment for the last two years:

PLEASE READ THE FOLLOWING AUTHORIZATION:

In the event I am granted assistance, I hereby agree and authorize the Dean or Students' Office of the College I attend to furnish the Dr. Robert S. MacDonald and Mary B. MacDonald Scholarship Committee with a report of my activities both scholastic and social for each semester during my attendance.

Signature of Applicant

DR. ROBERT S. MACDONALD AND MARY B. MACDONALD
SCHOLARSHIP FUND

Financial Statement of Parent or Guardian

TYPE OR PRINT

Name of Applicant _____

Name of Father or Guardian _____

Occupation _____

Name and Address of Employer _____

Salary for last Calendar Year: \$ _____

Name of Mother _____

Occupation _____

Name and Address of Employer _____

Salary for Last Calendar Year: \$ _____

Annual Income of both parents from OTHER sources \$ _____

Total Income of both parents \$ _____

Total amount of any financial obligations you may have, such
as mortgages, loans, etc. \$ _____

Total amount of any extraordinary expenses, such as unusual
medical costs or expenses of other children in college \$ _____

List other dependents in addition to applicant:

| <u>Name</u> | <u>Age</u> | <u>Occupation, school or college</u> |
|-------------|------------|--------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby certify that the above is
a true and accurate statement.

Date: _____

Parent or Guardian

REPORT OF PRINCIPAL OR STUDENT GUIDANCE DIRECTOR

Total number of members in graduating class _____

Applicant's standing in above class _____

Please circle the number on the following ten-point scale which, in your opinion, best rates the applicant with respect to his promise as a student, his promise as a person (i.e., his promise of sound influence and leadership outside the classroom), and his need for financial assistance.

| | <u>Outstanding</u> | | <u>Above Average</u> | | <u>Average</u> | | <u>Below Average</u> | | |
|----------------------------------|--------------------|---|--------------------------|---|----------------|---|--------------------------|---|-----|
| Promise as a student | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 1 |
| Promise as a person | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 1 |
| Need for financial assistance | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 1 |

Please give below, your estimate of the character, intellectual promise and industry of the applicant as shown in his school records.

Signature _____

Title _____

Dated _____

