

### Application Instructions

1. Submit a complete MCF Scholarship Application. (Answer each question to the best of your ability).
2. Submit an two essays (Maximum 1 page per essay question):
  - a. Personal Statement: tell us about yourself, your goals after completing college/vocational school; and why these goals are important to you?
  - b. Answer one of the two essay questions below:
    - i. How has the COVID-19 impact you, your family and/or your community? What have you learned from this challenging time (if any)?
    - ii. What does it mean to you that anyone's zip code and race can be used to predict life outcomes? What would you change (if anything)?
3. Attach a resume of employment history, school, community, and service activities.
4. Optional: Enclose a letter of recommendation from a teacher, counselor, employer, or community member.

### Applicant Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ M ☐ F ☐ GNC

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Academic Information

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_ Date Attended: \_\_\_\_\_

### Student Type

Program of Study/Major: \_\_\_\_\_

☐ Vocational/2 Yr. College ☐ Undergraduate ☐ Graduate

☐ New Student ☐ Continuing Student ☐ Transfer Student

### Family Household Information

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Are you a single parent? ☐ Yes ☐ No

Are you or were you in state custody or foster care? ☐ Yes ☐ No

Will you be living with your parent(s) and/or legal guardian in 2020/2021: ☐ Yes ☐ No

If yes, please list all the individuals in your family household (excluding yourself):

Relationship	Age	Grade
Relationship	Age	Grade
Relationship	Age	Grade

## Employment Information

Will you be supporting yourself and/or your family in 2020/2021? ☐ Yes ☐ No

Are you employed? ☐ Yes ☐ No If yes, ☐ Full-time ☐ Part-time Hours Per Week: \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Start Date \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Start Date \_\_\_\_\_

## Financial Information

If you have completed the FAFSA (Free Application for Federal Student Aid) please reference that information for this portion of the application. If you have not completed a FAFSA, please use current tax return forms or estimated information.

Please select which of the following you are gathering financial information from:

☐ Filed Tax Return Forms ☐ FAFSA ☐ Estimated Information

### If you were born before January 1, 1996 and/or are married you do not have to provide parental information

Parent(s)/Guardian(s) Adjusted Gross Income 2019 (dependent students only) \$ \_\_\_\_\_

How much did your first parent(s)/guardian(s) or earn from working in 2019 (dependent students only) \$ \_\_\_\_\_

How much did your second parent(s)/guardian(s) or earn from working in 2019 (dependent students only) \$ \_\_\_\_\_

Student (and Spouse) Adjusted Gross Income 2019 \$ \_\_\_\_\_

If family income has changed for 2020/2021 please explain

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## Certification and Release

I certify that the information provided on this application, including attachments, is true and correct to the best of my knowledge. If requested, I agree to provide additional information for verification purposes. If selected for the MCF Scholarship, I grant MCF the permission to use my name, non-confidential information and portion of submitted material for support or promotion of MCF's programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use:

Term/Date: \_\_\_\_\_ Referral Partner (If Any): \_\_\_\_\_

☐ Accept Date \_\_\_\_\_ ☐ Thank You Note \_\_\_\_\_ Notification: \_\_\_\_\_

Recommendation: ☐ Decline ☐ Approve ☐ Amount: \_\_\_\_\_

Comments: \_\_\_\_\_