

**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

## 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

\_\_\_\_\_

\_\_\_\_\_

## 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: \_\_\_\_\_