



2016 Lilly Enterprises dba McDonald's Scholarship Application

RETURN TO KATHY NORMAN BY MARCH 31, 2016

Full Name: _____ Phone: (_____) _____

Address: _____
Street/ PO Box City State Zip

Father's Name: _____ Occupation/Employer: _____

Mother's Name: _____ Occupation/Employer: _____

Parents' Information (if different than applicant's):

Address: _____
Street/ PO Box City State Zip

Are you presently employed? _____ if so, where? _____

Date of Graduation _____

Class Rank: _____ Number in Graduating Class: _____ Grade Point Average(GPA) _____

Planned Academic College

Major: _____ SAT: CR _____ Ma _____ Wr _____

Minor: _____ ACT: Comp. _____

College/University you plan to attend: _____

Please answer the following six questions as completely as possible, typed, on a separate sheet that should be attached to this form:

1. What are your future educational and career goals?
2. Explain why you feel that you are the most deserving applicant and your reasons for applying for this scholarship.
3. Please list and other sources from whom you may be receiving financial aid (parents, grants, loans, scholarships, ect.)
4. What plans do you have if you are not awarded a scholarship?
5. Please list any community activities that you may have been involved with and how did it affect your community?
6. List any additional comments that may be pertinent to your application

Attach a typed RESUME/VITA

