



Ronald McDonald House Charities® U.S. Scholarship Program 2009–2010 APPLICATION

Making a long standing commitment to education and investing in future leaders

Application deadline February 16, 2010

www.rmhc.org

Background

Ronald McDonald House Charities[®] (RMHC[®]), a non-profit, 501(c)(3) organization, creates, finds and supports programs that directly improve the health and well being of children. Its programs are grassroots-driven to enable the Charity to offer help where children need it most—right in their own communities. Driven by a passion to reach out to children in need and help them reach their full potential, RMHC works to break down barriers, build bridges and find solutions to the most urgent problems facing children and families today.

With education costs spiraling ever higher, a college education is beyond the financial reach of many outstanding students. A partnership between RMHC and its local Chapters opens the door to higher education for graduating high school seniors who face limited access to educational and career opportunities. The RMHC scholarship program seeks to invest in students who are exemplary role models in their communities and have the initiative to fulfill their educational goals.

RMHC's goal is simple: to identify and invest in future leaders.

Eligibility

Currently enrolled high school seniors who have at least one parent of African American or Black Caribbean heritage and who are eligible to attend an accredited two- or four-year college, university or vocational/technical school with a complete course of study. Applicants must be legal U.S. residents, be less than 21 years of age, have a minimum 2.7 GPA and reside within the geographic boundaries of a participating Chapter that offers a scholarship under the RMHC/African American Future Achievers Scholarship program. Applicants may apply for only one RMHC scholarship program. Please refer to **www.rmhc.org** to confirm which scholarship programs are offered in your county.

Application requirements

- Eligible students must submit a complete application and attach all of the required documentation or their application will not be reviewed.
- Applications must be postmarked no later than February 16, 2010.

Scholarship terms and conditions

Most local Chapters award a minimum of \$1,000, although amounts may vary in some Program areas. Applicants should contact their corresponding local Chapter for detailed information. Contact information is available at **www.rmhc.org**.

Scholarship recipients must enroll in and attend a two- or fouryear accredited college or university or vocational/technical school in the academic year following their selection. Verification of enrollment is required. Scholarship funds will be paid via check directly to the accredited institution in which the student enrolls. Scholarship funds will not be paid directly, nor reimbursed, to an award recipient. Scholarship funds will be applied toward tuition, fees and other appropriate educational expenses, as determined by RMHC.

Supporting documents

Transcript, Personal Statement, Letter of Recommendation, Parent/Guardian IRS Form 1040 REQUIRED

- A certified high school transcript that contains the student's class rank and test scores must be submitted with the attached application. Applicant's must carry a minimum 2.7 GPA.
- Applicants must submit a personal statement that provides information about their African American or Black Caribbean background, career goals and desire to contribute to their community. Information about unique, personal or financial circumstances may be added. Personal statements must not be more than two pages in length.
- A one-page letter of recommendation from one of applicant's teachers or a school official is required. The letter should detail the applicant's background, achievements, leadership abilities and community involvement. Letters should contain personalized information about the applicant. Form letters will be given minimum consideration.
- Applicants must submit a current (2008 or 2009) copy of the IRS Form 1040 filed by his or her parent(s) or guardian(s) used to document total income.

Certification and release

All applicants and, where appropriate, their parent or guardian, must sign the attached application, certifying that all information provided is true and complete to the best of their knowledge. If later determined that information contained in application is false or misleading, final awards may be rescinded. Upon submission of the completed application, applicants grant RMHC and McDonald's the right to use any information contained in the application for the purpose of promoting and publicizing the Program, or as legally required or permitted by law.

Submission of the application

HARD COPY

All complete applications must be postmarked by February 16, 2010. Incomplete applications will not be considered. Applications must be sent to:

RMHC U.S. Scholarship Program International Scholarship and Tuition Services, Inc. P.O. Box 22376 Nashville, TN 37202

NOTE: To ensure timely delivery, applications should be sent via certified mail or with return receipt.

ONLINE

Students are also welcome to apply online. Visit **www.rmhc.** org for more information.

Step 2 MAIL THE APPLICATION by February 16, 2010 to:

RMHC U.S. Scholarship Program International Scholarship and Tuition Services, Inc. P.O. Box 22376 Nashville, TN 37202



APPLICANT GENERAL INFORMATION Please print or type.

| First | | MI | Last | | |
|--------------------------------|---------------|----------------|-------------------|---------------------------|----------|
| PERMANENT MAILING ADDRESS | No. | Street of | r RFD | | Apt. # |
| | | | | DATE OF BIRTH | |
| City | State | | Zip | | |
| E-MAIL ADDRESS | | | | | |
| Home phone number | | | ALTERNATE | PHONE NUMBER | |
| ETHNICITY/NATIONALITY (option | al) | | | | |
| MALE FEMALE | | | | | |
| Are you a legal U.S. resident? | □ Yes | □ No | | | |
| How did you hear about the R | MHC schold | arship progra | ms? 🗆 Guid | ance 🗆 Counselor 🗆 V | Veb site |
| | | | 🗆 Scho | olarship directory 🛛 Othe | r |
| Please check the box if you | are a first g | eneration stud | lent to attend | a college or university. | |
| | - | | | с , | |
| COUNTRY United States of A | merica | | | | |
| COUNTY | COUNTY | | | | |
| STATE | | your corrent | city of residence | is localed. | |
| | | | | | |
| FAMILY INFORMATION | | | | | |
| | | | | | |
| APPLICANT'S PLACE OF BIRTH | | | | | |
| | City | | State | Country | |
| PARENT/GUARDIAN | | | | | |
| First | | Last | | Relationship | |
| PARENT/GUARDIAN | | Last | | Relationship | |

ALTERNATE PHONE NUMBER/CONTACT NAME

APPLICANT ACADEMIC STATUS and HIGH SCHOOL INFORMATION

| High school grade point average | Class | Number in class | ACT composite | SAT critical reading | SAT math | SAT written |
|------------------------------------|---------------|--------------------|------------------|-------------------------|-------------|----------------|
| Ferra 7.0.730 | | | | | | |
| HIGH SCHOOL | | | | | | |
| ADDRESS | | | | | | |
| CITY | | STATE | | | ZIP | |
| high school counse | lor's name | | | | | |
| high school counse | LOR'S OFFICE | telephone numbe | ER | | | |
| INTENDED MAJOR | | | | | | |
| NAME OF COLLEGE OR | UNIVERSITY YO | OU HAVE APPLIED TO | o attend | | | |
| State | | Name | | | | |

APPLICANT: To the best of your knowledge, please record your information in the boxes below.

COMMUNITY INVOLVEMENT

SCHOOL/EXTRACURRICULAR ACTIVITIES. List up to five activities in which you have had the most involvement in the last four years (school clubs, student government, publications, varsity or club sports, theater arts, Scouting, 4-H, etc.). *Do not use acronyms.*

| Activity description | Years involved | Highest position held |
|----------------------|----------------|-----------------------|
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COMMUNITY/VOLUNTEER SERVICE. List up to three agencies or organizations in which you have participated WITHOUT PAY during the last three years (religious groups, hospital volunteer, cultural activities, outreach programs, etc.). Enter TOTAL hours per activity, over the last three years. Do not use acronyms.

| Service description | Total hours |
|---------------------|-------------|
| | |
| | |
| | |

WORK EXPERIENCE. List the last three jobs you have held the longest (food server, babysitting, lawn mowing, office work, etc.). *Do not use acronyms.*

| | | From date | To date | Hours |
|---------------|----------|-----------|---------|--------------------|
| Employer name | Position | MM/YYYY | MM/YYYY | (average per week) |
| | | | | |
| | | | | |
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PARENT/GUARDIAN FINANCIAL DATA (required)

| Adjusted gross income (FORM 1040). Xasahuuntawad income and hanafita | | | | |
|--|--|--|--|--|
| Yearly untaxed income and benefits Please indicate source: □ Social Security □ AFDC □ Child Support □ Other | | | | |
| 3. Total cash, checking, savings, and cash value of stocks (exclude retirement plan funds, IRA, 401K). | | | | |
| Total number of family members living in the household and primarily supported by the reported income. | | | | |
| 5. Total number of family members attending college at least half-time during the next school year, including applicant. | | | | |
| 6. Marital status of parent or guardian: 🗆 Married 🗆 Divorced 🗆 Separated 🗆 Widowed 🗆 Single | | | | |
| OTHER SCHOLARSHIPS | | | | |

PLEASE LIST OTHER SCHOLARSHIP PROGRAMS FOR WHICH YOU HAVE APPLIED:

CERTIFICATION and AUTHORIZATION

All of the information that I have provided in this application and in the enclosed letters is true and complete, to the best of my knowledge. I understand that the provision of false or misleading information may lead to the rescinding of an award. I certify that I am currently enrolled and in good standing as a senior in high school, enrolled in or applying for full-time enrollment to a two- or four-year college or university or vocational/technical school for the 2010–2011 academic year and am eligible to receive scholarships granted under the Program. I hereby authorize RMHC® and McDonald's® to use any information contained in this application for the purpose of promoting and publishing the Program, or as legally required or permitted by law.

AUTHORIZATION FOR RELEASE OF RECORDS

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to applicant's school officials to release the applicant's secondary school record and other requested information for consideration in the Program.

| Applicant signature (required) | Date |
|--|------|
| | |
| Parent or Guardian's signature | Date |
| (required if applicant is under 18 years of age) | |

PLEASE ATTACH your personal statement on a separate document.

CONFIRM that your parent/guardian IRS Form 1040, transcripts and letter of recommendation are attached, or your application will not be reviewed.