

**McCloud School Foundation Scholarship Application**

For the 2023-2024 School Year

**Return application to Ms. April Halferty, by Monday, April 8, 2024**

To be eligible for this scholarship the student must:

- A. Have at least a 3.0 overall grade point average
- B. Be a senior
- C. Be graduating May 2024
- D. Be a U.S. citizen who has displayed leadership and responsibility

**One scholarship per student will be awarded. Each \$1,000 scholarship will be awarded in the spring of 2025 after student has successfully completed the fall semester at an accredited school of higher learning. It will be awarded upon presentation of fall transcript, and the check will be made out to the school.**

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**Please Put an X in front of the Scholarship that you are applying for: (Example: X McCloud School Foundation Scholarship)**

\_\_ M CLOUD SCHOOL FOUNDATION SCHOLARSHIP

--- M CLOUD SCHOOL FOUNDATION SCHOLARSHIP (NEED BASED)  
**ATTACH PAGE 4 IF APPLYING FOR THIS SCHOLARSHIP. IT IS NEED- BASED**

**PLEASE TYPE OR PRINT CLEARLY BELOW EACH HEADING, ADD SPACES AS NEEDED IF TYPING . IF PRINTING, PLEASE ADD ADDITIONAL PAGES AS NEEDED.**

Date:

Name: ( Last name, first name and middle name)

Current Address: (Street address, Apt. #, PO Box #)

City, State, Zip Code

Telephone # (Area Code/Number

Cell Phone #

E-Mail Address

**Current Overall GPA**

**List all activities, memberships, community and/or church activities in which you have participated.**

**What prizes or awards have you received?**

**Will you receive any other scholarships and/or grants for the period for which you are applying?**

**If yes, how much is (are) the award(s)?**

**Will you be a recipient of an OK Promise Scholarship?**

**Does your family currently support any children other than you at home or in college?**

**If yes, how many?**

**Do you currently have a job?**

**If yes, where do you work?**

**Please explain any other circumstances that you feel the committee should know about. (Financial, family situation, etc.)**

- **On a separate sheet of paper attach an essay with a minimum of 500 words,** discussing your career objectives and indicate how this scholarship award will help you attain those goals. Also, other than monetary value, explain why you feel you are a good candidate for this scholarship.
- **You are required to attach a letter of recommendation or support from a current or former teacher, school administrator, clergy member or business person.**
- **Attach a copy of your current Transcript.**

**Recipient will be announced at the McLoud High School Academic Awards Assembly in May, 2024**

**Members of the McLoud School Foundation Scholarship Committee will review each application individually.**

**Before putting your name below, make sure you have answered every question to the best of your ability and that all information is correct.**

**I am aware that members of the scholarship committee of the MSF will have access to my transcript.  
I hereby certify that the statements in this application are true.**

**Put your name below.**

**Put the current date below.**

**MCCLOUD SCHOOL FOUNDATION SCHOLARSHIP (Complete if Applying For Need -Based Scholarship)**  
**MCCLOUD SCHOOL FOUNDATION**  
**Confidential Statement**

**STUDENT'S NAME:**

**AGE:**

**WITH WHOM DOES STUDENT RESIDE?**

**PARTY CLAIMING STUDENT AS INCOME TAX EXEMPTION:**

**Name:**

**Relationship:**

**Address:**

**LAST TAX YEAR GROSS INCOME AND EXPENSE INFORMATION**  
**(for Parent/Guardian and Student)**

**Father's Earned Income:**

**Mother's Earned Income:**

**Social Security Benefits:**

**AGI (Adjusted Gross Income):**

**Other Untaxed Income:**

**Student's Income:**

**Student's Spouse's Income:**

**Savings/Investments Dedicated for Education:**

*Please list all dependent children, listing student applicant first:*

Name	Age	Name of School/College	Private/Public	Year

**Total amount expended yearly for schooling for dependent children: \$**

**Please list other individuals receiving financial support from family, (do not include those listed above):**

Name	Age	Relationship to Applicant	Estimate amount of annual support from family

**I certify to the best of my knowledge that this information is true and correct. (Sign below)**

**Parent/Legal Guardian Signature \_\_\_\_\_ Applicant signature \_\_\_\_\_**