



2023-24 Scholarship Application

Neatly written or printed complete applications are given preference. You may type your answers. Incomplete applications are not considered. If you have a disability and need assistance filling out the application, please see your high school counselor. Must include two high quality wallet/passport photographs that are of the head-and-shoulders, glossy and in color. Applications along with two letters of recommendation must be emailed to Scholarships@MCABW.org in one file no later than March 19, 2024.

Name: _____

Address: _____

City/State _____ Zip: _____

Home Phone _____ Cell Phone _____

Email address: _____

High School Seniors: School graduating from: _____

Parent/Guardian Name: _____

Occupation: _____

Parent/Guardian Name: _____

Occupation: _____

How many other dependent children are in your family? _____

How many brothers or sisters will attend college next year? _____

Are you employed? Yes _____ No _____ How many hours per week do you work? _____

If yes, Company name & Supervisor's name _____

May we contact your employer? Yes _____ No _____ Phone _____

Name and location of college or university you plan to attend: _____

Have you made application? Yes _____ No _____ Have you been accepted? Yes _____ No _____

Specific name of pursued Degree? _____

To be completed by student's High School Counselor:

GPA/Scale (Min. 3.0) _____ Class Rank/Class Size: _____

SAT Total _____ ACT Composite: _____

Counselor's Signature: _____

Printed Name: _____ Phone _____

Additional Information may be requested.

Tell Us about You

Name: _____

Please answer all questions completely with detail on this form.

Neatly written or printed complete applications are given preference. You may type your answers.

Incomplete applications are not considered.

What degree are you pursuing and why? What are your long-term future career plans?

Have you worked or interned in the field in which you are going to study? Where and how long?

Briefly list all school, community and/or volunteer activities in which you have participated in including any awards, honors, offices, or leadership positions held without pay during the past 4 years:

Who and/or what has influenced you to pursue your career choice?

Name: _____

Please state your needs for a scholarship and what value it would be to you:

What is your biggest life or high school challenge and how did you overcome it?

Is there anything else you want us to know about you?

If applicable, name & relationship of MCABW member that referred you: _____

Please **include two letters of recommendations** from non-family members such as teachers, pastor, neighbors, or employers.

Thank you for your application and best wishes in your future endeavors!

