



THE COMMUNITY FOUNDATION
of Muncie & Delaware County, Inc.
PO Box 807 • Muncie, IN 47308
(765) 747-7181

2012 Dr. William J. McNabney and Thelma V. McNabney Memorial Scholarship

Application Procedure:

The following items should be submitted by **Friday, February 24, 2012**, to your school's guidance office.

- Completed application form with attached pages
 - High School transcripts (please include GPA, class rank, and SAT and/or ACT scores)
 - One letter of recommendation from a teacher, counselor, or school administrator
 - Two wallet size photographs (if available)
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Biographical Information

Name _____ Birth Date _____

Address _____

Telephone _____

Email _____

High School _____

Name of father/stepfather/guardian _____

Occupation _____

Name of mother/stepmother/guardian _____

Occupation _____

Names and Ages of siblings _____

Siblings currently enrolled in college or other post-secondary education:

	Name	Post-Secondary School
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please list any other scholarships awarded to you _____

Academic Information (please attach your high school transcript to this application)

Class rank/size _____ GPA _____ out of _____
(Possible)

SAT Score _____
Mathematics Critical Reading Writing

ACT Score _____
Composite

On a separate page, please provide typed responses to the following questions. Please keep your answers brief and use no more than six typed pages for your responses to these seven questions.

1. Please list school activities and organizations in which you have participated. Please indicate:
 - a. Years of involvement (i.e. 9, 10, 11, 12) and estimated number of hours per year
 - b. Offices held / Positions of leadership
 - c. Any awards, recognitions or honors you have received
 - d. Additional information, if any, you would like to share
2. Please list community and civic service in which you have participated. Please indicate:
 - a. Years of involvement (i.e. 9, 10, 11, 12) and estimated number of hours per year
 - b. Offices held / Positions of leadership
 - c. Any awards, recognitions or honors you have received
 - d. Additional information, if any, you would like to share

3. Please list any jobs held, length of employment and the number of hours per week.
4. Please indicate which colleges/universities to which you have been accepted.
5. Briefly discuss your goals and aspirations for your college years and the years immediately following.
6. In an essay fewer than 500 words, discuss “The person who has been most influential in my life.”
7. Please provide a brief statement describing your financial need. How much do you estimate your college expenses to be? How do you plan to pay for your education?

Please read and affirm the following:

- If I receive this scholarship, it is my intent to pursue four years of undergraduate study on a full-time basis leading to a baccalaureate degree.
- The scholarship will cover up to four years of undergraduate study. Award amount to be determined.
- This scholarship award will be paid directly to the recipient’s college or university each semester.
- To assist with the processing of my scholarship payments each semester, I agree to provide The Community Foundation of Muncie and Delaware County, Inc. with copies of my college class schedule and official transcript for every semester covered by the scholarship.
- Each scholarship will continue during the recipient’s course of study for an initial four year undergraduate baccalaureate or equivalent degree at an appropriate educational institution as long as the recipient maintains a “B” grade point average during his or her course of study. This requirement does not apply to the recipient’s first year of study.
- I understand that failure to comply with the above stated criteria will result in automatic disqualification from the scholarship program.

Signature of Applicant

Date