

**DARLENE MUDD MCBRIDE
AND ALBERT F. MCBRIDE SCHOLARSHIP
SENIOR - 2021**

Full Name: _____

Address: _____

Date and Place of Birth: _____

Social Security Number: _____ Phone Number: _____

7th Sem Cum GPA: _____ Class Rank: _____ of _____ ACT Composite Score: _____

Schools attended (9 - 12)

Name of School *Year and Grade(s) Attended*

Name of School *Year and Grade(s) Attended*

Father: _____ Age: _____ Occupation: _____

Mother: _____ Age: _____ Occupation: _____

Parents' Marital Status: Mother: _____ Father: _____

With who does the student live: _____

Date: _____

Student Signature

Parent Signature

Counselor Signature

Extracurricular Activities (i.e. athletics, clubs, organizations – show years of involvement and indicate any office held):

Honors and awards (state year and nature of award)

Community and /or other activities:

College/university you are planning to attend: _____

Plans/goals you have in mind following enrollment at the college/university mentioned above:

Have you been granted or expect to receive any other scholarship aid? _____ If so, give details.

Will you apply for financial aid at the college/university you plan to attend? _____

Positions held in gainful employment: _____

Periods of employment: _____

Average hours worked per week: _____

Weekly earnings: _____ Savings: _____

Any additional data to show financial need and general worthiness – be specific: _____

Family Financial Statement

The following information is used to determine student's need and will be kept confidential. Applications submitted without a family financial statement will not be considered.

Name and ages of children and other dependents in family:

| <u><i>NAME</i></u> | <u><i>AGE</i></u> | <u><i>YEAR IN SCHOOL</i></u> |
|--------------------|-------------------|------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

For the following information please use dollar amounts from your most recent Federal Income Tax Return Form.

Father's (or guardian's) earned income _____

Mother's (or guardian's) earned income _____

Other taxable family income _____

Other non-taxable family income _____

Equity in home (renters specify zero) _____

Indebtedness on home _____

Other indebtedness (specify) _____

Value of other real estate and investments _____

Value of cash, savings and checking accounts _____

Students' estimated earnings (previous year) _____

Use the space below to list special health needs or other conditions in the family that should be considered in determining need: