

MACMURRAY FOUNDATION
LOUISE RINTELMANN THOMPSON "I BELIEVE IN YOU"
2023-2024 SCHOLARSHIP APPLICATION

Date: _____

APPLICANT INFORMATION

Legal Name of Student: _____
(Provide last name, first name, and middle initial exactly as it appears on official documents, such as a passport)

Other name(s) that may appear on an official transcript(s): _____

Home Address:

(Street Address)

(City, State, and zip/postal code)

Mailing Address or campus address, if different from home address:

(Provide Street, City, State, and zip/postal code)

Email address: _____

Cell phone number: _____ Home phone number: _____

ACADEMIC INFORMATION:

Will you be receiving an Associate's degree from a Community College in Spring 2023?
_____ Yes _____ No

If yes, complete the following:

Name of Associate's Degree: _____

Date Awarded or to be awarded: _____

Name of Institution/Community College awarding Associate's Degree:

(Name)

(Street address)

(City, State, zip code)

Institution(s) you intend to attend or to which you have applied for academic year 2023-2024 as a full time residential on campus student:

(Name, City, State)

(Name, City, State)

(Name, City, State)

Degree(s) Sought: _____

Intended Major(s): _____

NAME AND CONTACT INFORMATION OF FACULTY OR STAFF PERSON OF COMMUNITY COLLEGE SUBMITTING LETTER OF RECOMMENDATION:

(Name)

(Title or Position at Institution)

(Address: street, city, state, zip code)

(E-mail Address)

(Phone Number)

SUMMARY STATEMENT OF HOW YOU ACHIEVED REAL ACADEMIC AND PERSONAL GROWTH DURING YOUR CAREER IN COMMUNITY COLLEGE:

RELATIONSHIP TO MEMBERS OF THE MACMURRAY FOUNDATION & ALUMNI ASSOCIATION:

(Your relationship to any board or committee member of the MacMurray Foundation and Alumni Association does not disqualify you from an award of a scholarship. However, for fairness and appearance of fairness purposes, the person with whom you have a relationship will not be allowed to review or vote upon your application. Please check our website (macalumfoundation.org/about/governance) for the names of our Board members and the names of the members of the Scholarship committee.)

1. Are you related to or do you know:

A. A Board Member of the MacMurray Foundation and Alumni Association?

____ Yes ____ No

i. If yes, to whom are you related and what is the relationship?

B. A member of the Scholarship Committee of the MacMurray Foundation and Alumni Association?

____ Yes ____ No

i. If yes, to whom are you related and what is the relationship?

2. Do you personally know any person or entity that is a substantial contributor to The MacMurray Foundation and Alumni Association? ____ Yes ____ No

TIMELINE, SUBMISSION & COMPLIANCE REQUIREMENTS:

Complete applications must be submitted **online** by March 15, 2023. Incomplete applications and applications without all required forms will not be considered. **Be sure to submit online all of the following:**

____ Complete application form, saved and submitted as a PDF:

____ Letter of recommendation from faculty or staff person at current educational institution demonstrating how applicant achieved real academic and personal growth during applicant's career at current educational institution, saved and submitted as a PDF.

Submit this application and the required letter of recommendation, both in pdf format, to MacMurray Foundation and Alumni Association online to: MacScholars@MacAlumFoundation.org.

If you receive an award, you will be required to submit satisfactory compliance with the requirements specified in this application.

SIGNATURES AND CERTIFICATIONS:

SIGNATURE AND CERTIFICATION OF INTENT TO COMPLETE DEGREE AS A RESIDENTIAL ON-CAMPUS STUDENT AT A 4-YEAR INSTITUTION OF HIGHER EDUCATION:

I CERTIFY THAT I INTEND TO PURSUE MY BACHELOR'S DEGREE IN 2023-2024 AS A RESIDENTIAL ON-CAMPUS STUDENT AT A 4-YEAR INSTUTION OF HIGHER EDUCATION.

(Student Signature)

By typing your name above, you are signing this certification electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this certification.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN THE ATTACHED DOCUMENTS ARE TRUE AND CORRECT.

Student Signature: _____ Date: _____

(By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.)

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN THE ATTACHED DOCUMENTS ARE TRUE AND CORRECT.

Parent Signature: _____ Date: _____

(Include if the applicant is a dependent.) (By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application)

Privacy Statement:

The information provided by the applicant and family is private, will be shared only with the scholarship reviewers for purposes of determining eligibility for a scholarship and making recommendations for scholarship awards. No information will be made public, except as may be required by law, or for publication of the award, or as specifically permitted by the applicant/awardee. If you are awarded a scholarship, this information will be provided to your requested institution. Applicants/awardees may submit a request in writing to limit in whole or part publication of the applicant/awardee's information