

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
RECOMMENDATION FORM
2018-2019**



**The Ronald D. & Regina C.
McNEIL FOUNDATION**
Incorporated

Please provide **The Selection Committee** with specific and relevant information including an assessment of the applicant's academic strengths and challenges, character and educational goals and objectives. Attach your assessment to the Recommendation Form and mail to:

**The McNeil Scholar Program-Detroit Selection Committee
The Ronald D. & Regina C. McNeil Foundation, Inc.
P. O. Box 69
Lake Zurich, IL 60047**

All materials must be postmarked no later than midnight April 15, 2019.

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
RECOMMENDATION FORM
2018-2019**



**The Ronald D. & Regina C.
McNEIL FOUNDATION**
Incorporated

**SCHOLARSHIP
APPLICANT** _____

YOUR NAME _____

TITLE _____

PLACE OF EMPLOYMENT _____

CONTACT PHONE NUMBER (____) _____ - _____

SIGNATURE _____

DATE _____