

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
APPLICATION
2019-2020**



The Ronald D. & Regina C.
McNEIL FOUNDATION
Incorporated

1. **NAME** Last _____ Middle initial _____ First _____

2. **GENDER** Male _____ Female _____

3. **DATE OF BIRTH (mm/dd/yy)** _____ / _____ / _____

4. PERMANENT MAILING ADDRESS

Number & Street _____ Apt. # _____

City _____ State _____ Zip _____

Cell Phone (____) _____ - _____ Email _____

5. PARENT(S) OR LEGAL GUARDIAN(S)

ADDRESS (if same as permanent mailing address, write **SAME**)

Number & Street _____ Apt. # _____

City _____ State _____ Zip _____

Phone (____) _____ - _____

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
APPLICATION
2019-2020**



The Ronald D. & Regina C.
McNEIL FOUNDATION
Incorporated

6. Are you a United States citizen? Yes _____ No _____
7. Are you a permanent resident of Detroit, Michigan? Yes _____ No _____
8. Did either parent graduate high school? No _____ Yes, Mother _____ Yes, Father _____
9. Did either parent attend college? No _____ Yes, Mother _____ Yes, Father _____
- Did either graduate? No _____ Yes, Mother _____ Yes, Father _____
- Degree earned Mother: Associate's _____ Bachelor's _____ Graduate _____
- Father: Associate's _____ Bachelor's _____ Graduate _____

10. **RACE/ETHNICITY** (CHECK ONLY ONE)

White _____ Black _____ Hispanic _____ Other (please specify) _____

11. **LIST ALL HIGH SCHOOLS ATTENDED AND DATES OF ATTENDANCE**

SCHOOL	DATE
_____	_____
_____	_____
_____	_____

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
APPLICATION
2019-2020**



The Ronald D. & Regina C.
McNEIL FOUNDATION
Incorporated

12. **DATE OF HIGH SCHOOL GRADUATION** (month, year) _____

13. Did you take a foreign language in high school? Yes____ No____

If yes, which language(s)? _____ How many years? _____

_____ How many years? _____

14. Have you been accepted to college? Yes____ No____

If yes, give name and address of school you plan to attend.

Name _____

City _____ State _____ Zip _____

Phone (____) _____- _____

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
APPLICATION
2019-2020**



The Ronald D. & Regina C.
MCNEIL FOUNDATION
Incorporated

15. SELF-REPORTED ACADEMIC GPA (AGPA)

Calculate your **AGPA** using the following scale:

A- or A = 4.00

B-, B or B+ = 3.00

C-, C or C+ = 2.00

D-, D or D+ = 1.00

I, P, W, or E = 0

Please follow the Application Instructions and use additional sheets if necessary.

	X	Y	Z
COURSE NAME	CREDIT HOURS	GRADE VALUE	Column X multiplied by Column Y
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(cont.)

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
APPLICATION
2019-2020**



The Ronald D. & Regina C.
McNEIL FOUNDATION
Incorporated

SELF-REPORTED ACADEMIC GPA (AGPA)

	X	Y	Z
COURSE NAME	CREDIT HOURS	GRADE VALUE	Column X multiplied by Column Y
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

AGPA (**TOTAL** from Column Z divided by **TOTAL** from Column X rounded to the nearest tenth.) _____

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
APPLICATION
2019-2020**



The Ronald D. & Regina C.
McNEIL FOUNDATION
Incorporated

16. GRANTS/SCHOLARSHIPS/LOANS/WORK-STUDY

Have you been awarded any financial aid for the 2020-2021 academic year? Yes _____ No _____

If yes, list the source(s) and the amount:

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

17. PERSONAL STATEMENT (Please attach)

18. FINANCIAL AID INFORMATION

Please attach a copy of your official 2020-2021 **FAFSA Student Aid Report (SAR)**. Be sure that the **Expected Family Contribution (EFC)** is included in the Report.

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
APPLICATION
2019-2020**



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

19. TEST SCORES

Please attach a copy of your most recent official **ACT® Plus Writing** Student Report or **SAT** Score Report.

20. Have you previously applied to **The McNeil Scholar Program-Detroit**? Yes _____ No _____

If yes, give the year(s) _____

21. SIGNATURE

I hereby certify that the information provided is true and correct. **The Ronald D. & Regina C. McNeil Foundation, Inc.** is authorized to verify information on this form.

APPLICANT'S SIGNATURE _____ **DATE** _____

Make sure that you have followed the Application Guidelines and the Application Instructions before submitting your application. All materials must be postmarked no later than midnight April 15, 2020. Late, inaccurate or incomplete applications will not be processed.

Please do not bind or staple your application