

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
MCNEIL SCHOLAR
APPLICATION
2024-2025**



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

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

2. **GENDER** Male _____ Female _____

3. **DATE OF BIRTH (mm/dd/yyyy)** ____/____/____

4. **PERMANENT MAILING ADDRESS**

Number & Street _____ Apt# _____

City _____ State _____ Zip _____

Cell Phone (____) _____ - _____

Email _____

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

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

Number & Street _____ Apt# _____

City _____ State _____ Zip _____

Phone (____) _____ - _____

6. RACE/ETHNICITY (CHECK ONLY ONE)

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

7. COLLEGE/UNIVERSITY CURRENTLY ATTENDING

Name _____

City _____ State _____ Zip _____

Student ID# _____

Do you plan to attend this institution in 2024-2025? Yes _____ No _____

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If no, what college/university will you attend?

Name _____

City _____ State _____ Zip _____

Phone (____) _____- _____

8. GRANTS/SCHOLARSHIPS/LOANS

Have you been awarded any financial aid for the 2024–2025 academic school year?

Yes _____ No _____

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

SOURCE

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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9. MCNEIL SCHOLAR AWARDS

List the year(s) you have been a **McNeil Scholar** and the scholarship amount for each year.

YEAR	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

10. **PERSONAL STATEMENT** (Please attach. Describe your successes and challenges of the current school year and your plans for the upcoming school year.)

11. **FINANCIAL PLAN** (Please attach)

12. **ACADEMIC PLAN** (Please attach)

13. **COLLEGE/UNIVERSITY TRANSCRIPT** (Please attach)

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14. **FINANCIAL AID INFORMATION** Please attach:

a copy of your **official** 2024-2025 Financial Aid Award Letter from your college or university.

15. **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 emailed (scholars@rmcneilfoundation.org) or postmarked no later than June 15, 2024.

Please do not bind or staple your application