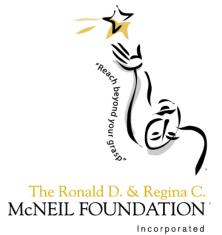


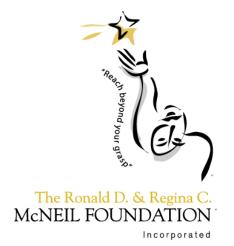
1.	NAME Last	Middle initial	First
2.	GENDER Male Female		
3.	DATE OF BIRTH (mm/dd/yyyy)	<u> </u>	
4.	PERMANENT MAILING ADDRESS		
	Number & Street		Apt. #
	City State	Zip	
	Cell Phone (Email	
5.	PARENT(S) OR LEGAL GUARDIAN(S)	
	ADDRESS (if same as permanent ma	iling address, write SAN	1E)
	Number & Street		Apt. #
	City State	Zip	
	Phone (



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
	RACE/ETHNICITY (CHECK ONLY ONE) White Black Hispanic Other (please specify)
11.	LIST ALL HIGH SCHOOLS ATTENDED AND DATES OF ATTENDANCE SCHOOL DATE



L2.	DATE OF HIGH SCHOOL GRADUATIO	N (month, year)	
L3.	Did you take a foreign language in high	school? Yes	No
	If yes, which language(s)?		How many years?
			How many years?
I.4. 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 (



15. SELF-REPORTED ACADEMIC GPA (AGPA)

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

$$A - \text{ or } A = 4.00$$

$$B-$$
, B or $B+=3.00$

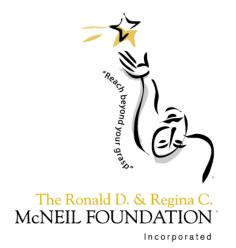
$$C-, C \text{ or } C+=2.00$$

$$D-$$
, 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 \
			(cont.)



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 TC	TAL from C	Column X



16.	GRANTS/SCHOLARSHIPS/LOANS/WORK-STUDY		
	Have you been awarded any financial aid for the 2024-2025 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 2023-2024 FAFSA Student Aid Report (SAR). Be sure that your name, address and the Expected Family Contribution (EFC) are included in the Report.



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.
API	PLICANT'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, 2024. Late, inaccurate or incomplete applications will not be processed.
	Please de not hind er stanle vour application