

Scholarship Program For Young People Who Are Survivors

Application Form

(The selection committee reserves the right to deny any application which does not meet selection criteria.)

Name				
Street Address				
City			State	Zip
Phone			E-mail	
When did you first sta Ronald McDonald Ho		Rochester		
Longest Stay:				Approximate Number of Visits:
Medical Diagnosis: _				
High School:				
Grade Point Average:				
Post-Secondary Scho	ool desire		ege, Univ	ersity, Technical College)
Location:				
Have you been accepted:	Yes	No	Enro	ollment Date:

How do you plan to finance your education?



Describe your community involvement: (clubs, volunteer, work, etc.)

PLEASE CAREFULLY ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PAGE:

- 1. Briefly explain why obtaining a postsecondary education or training is important to you?
- 2. If you have chosen a field of study, please elaborate on what led you to this particular area.
- 3. Please choose one activity or experience you have been involved in and describe the skills you have gained by participating in that activity or experience.
- 4. Please share who or what influences your future plans and the reason you seek this scholarship.

REFERENCES:

Please provide two letters of support from non-relatives. Also, please provide their complete address.

Name			
Street Address			
City	State	Zip	
Phone			
Name			
Street Address			
City	State	Zip	
Phone	E-mail		

Please return completed application and essay by June 16, 2023:

Mail: Ronald McDonald House

 $850 \, 2^{nd} \, St \, SW$

Rochester, MN 55902

Email: pharaldson@rmhmn.org