

Application Due:  
June 18, 2010



## 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 stay at the Rochester, MN Ronald McDonald House? \_\_\_\_\_

Longest Stay: \_\_\_\_\_ Approximate Number of Visits: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Physician (s): \_\_\_\_\_ Department: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Post Secondary School desired: \_\_\_\_\_  
(college, university, technical college)

Location: \_\_\_\_\_

Have you been accepted:  Yes  No Enrollment Date: \_\_\_\_\_

How do you plan to finance your education?

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Describe your community involvement: (c - **Over** - work, etc.)

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**References:** Please give a complete address, including city, state and zip of 2 non-relatives.

Name:		Address			Phone
1.		Street Address:			
		City	State:	Zip:	
2.		Street Address:			
		City:	State:	Zip:	

Is there anything else you would like us to know about you?

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***Please include a one-page essay along with your application telling us why you would like to continue your education, your academic goals and what you would like to do in the future.***

Please return completed application and essay to:  
Ronald McDonald House ♥ 850 2<sup>nd</sup> St SW ♥ Rochester, MN 55902  
507-282-3955 ♥ 507-252-2160 (fax) ♥ pharaldson@rmhmn.org