

Application Due:
June 15, 2012



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: (clubs, volunteer, work, etc.)

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?

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 2nd St SW ♥ Rochester, MN 55902
507-282-3955 ♥ 507-252-2160 (fax) ♥ pharaldson@rmhmn.org