

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
RECOMMENDATION FORM
2025-2026**



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

Please provide the **Selection Committee** with specific and relevant information including an assessment of the applicant's character, academic strengths and challenges, and educational goals and objectives. Attach your assessment to the Recommendation Form and mail to:

**Selection Committee
The McNeil Scholar Program-Detroit
The Ronald D. & Regina C. McNeil Foundation, Inc.
P. O. Box 69
Lake Zurich, IL 60047**

Please note that the Recommendations as well as the applicant's official high school transcript must be mailed separate from the applicant's application. Please refer to School Staff Application Guidelines.

All materials must be postmarked no later than midnight April 15, 2025.

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**SCHOLARSHIP
APPLICANT** _____

YOUR NAME _____

TITLE _____

PLACE OF EMPLOYMENT _____

CONTACT PHONE NUMBER (____) _____ - _____

SIGNATURE _____

DATE _____