

1.	NAME Last	Middle Initial First_	
2.	GENDER Male Female	_	
3.	DATE OF BIRTH (mm/dd/yyyy)/_	/	
4.	PERMANENT MAILING ADDRESS		
	Number & Street		Apt#
	City State	Zip	
	Cell Phone (
	Email		



. PARENT(S) OR LEGA	AL GUARDIAN(S)					
ADDRESS (if same a	as permanent mailing ad	dress, write SAME)				
Number & Street			Apt#			
City	State	Zip	-			
Phone ()						
. COLLEGE/UNIVERS	COLLEGE/UNIVERSITY CURRENTLY ATTENDING					
Name						
City		State		Zip		
Student ID#						
Do you plan to attend	this institution in 2025-	-2026? Yes No)			



	If no, what college,	university will y	ou attend?				
	Name						
	City		St	ate		Zip	
	Phone ()						
7.	7. MCNEIL SCHOLAR AWARDS List the year(s) you have been a McNeil Scholar and the scholarship amount for each year.						
		YEAR		AMOUNT			
	-						



APPLICANT'S SIGNATURE	DATE
I hereby certify that the information provided is true and corresponded from the information of the information provided is true and correspond to the information of the inform	
13. SIGNATURE	
12. FINANCIAL AID INFORMATION Please attach a copy of your from your college or university	2025-2026 Financial Award Letter
11. COLLEGE/UNIVERSITY TRANSCRIPT (Please attach)	
10. ACADEMIC PLAN (Please attach)	
9. FINANCIAL PLAN (Please attach)	
PERSONAL STATEMENT (Please attach. Describe your successyear and your plans for the upcoming school year.)	sses and challenges of the current school



Make sure that you have followed the Application Guidelines and the Application Instructions before submitting your application. All materials must be postmarked or emailed to scholars@rmcneilfoundation.org no later than midnight June 15, 2025.

Please do not bind or staple your application