

**THE MCNEIL SCHOLAR PROGRAM-DETROIT  
MCNEIL SCHOLAR  
APPLICATION  
2025-2026**



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

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 \_\_\_\_\_

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**5. PARENT(S) OR LEGAL GUARDIAN(S)**

\_\_\_\_\_

**ADDRESS** (if same as permanent mailing address, write **SAME**)

Number & Street \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**6. RACE/ETHNICITY (CHECK ONLY ONE)**

White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**7. COLLEGE/UNIVERSITY CURRENTLY ATTENDING**

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student ID# \_\_\_\_\_

Do you plan to attend this institution in 2025-2026? Yes \_\_\_\_\_ No \_\_\_\_\_

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If no, what college/university will you attend?

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_

**8. MCNEIL SCHOLAR AWARDS**

List the year(s) you have been a **McNeil Scholar** and the scholarship amount for each year.

<b>YEAR</b>	<b>AMOUNT</b>
_____	_____
_____	_____
_____	_____
_____	_____

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9. **PERSONAL STATEMENT** (Please attach. Describe your successes and challenges of the current school year and your plans for the upcoming school year.)
  
10. **FINANCIAL PLAN** (Please attach)
  
11. **ACADEMIC PLAN** (Please attach)
  
12. **COLLEGE/UNIVERSITY TRANSCRIPT** (Please attach)
  
13. **FINANCIAL AID INFORMATION** (Please attach a copy of your **official** 2025-2026 Financial Aid Award Letter from your college or university.)
  
14. **SIGNATURE**

I hereby certify that the information provided is true and correct. **The Ronald D. & Regina C. McNeil Foundation, Inc.** is authorized to verify information on this form.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**Mailing Address:**

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

**Please do not bind or staple your application**