

# McCrorry Corp. Transition Assistance and Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

**Application postmark deadline June 30**

**FOR  
SCHOLARSHIP  
AMERICA  
USE ONLY**

| I.D. # | AA | PD | RIC/CS | GPA | SATW | SATM | ACTC | SP1 | TOTAL |
|--------|----|----|--------|-----|------|------|------|-----|-------|
|        |    |    |        |     |      |      |      |     |       |

**APPLICANT  
DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address (Required for notification) \_\_\_\_\_

Please indicate your status. (For statistical purposes only)     Male     Female

American Indian/Alaska Native

Black/African American

Multi-Racial

White

Asian

Hispanic/Latino

Native Hawaiian/Pacific Islander

**FORMER  
MCCRORY  
CORP.  
EMPLOYEE  
INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Former McCrorry Work Location: City \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

The McCrorry Corp. employee was employed with the company on September 10, 2001:     Yes     No

**HIGH  
SCHOOL  
DATA**

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**POST-  
SECONDARY  
SCHOOL  
DATA**

Name of undergraduate postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

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

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

4 yr. College or University

2 yr. Community or Junior College

Vocational-Technical School

Other, explain \_\_\_\_\_

Year in school **next** year:    1    2    3    4    5

Major or course of study: \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought:     Bachelor

Associate

Certificate

Other, explain \_\_\_\_\_

Student will:     live on campus

live off campus

commute from home

If school choice is a public institution, applicant will pay:

in-state resident tuition

out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

| Employer/Position | From - Mo/Yr | To - Mo/Yr | Hours per Week | Were you paid for your work? |
|-------------------|--------------|------------|----------------|------------------------------|
|                   |              |            |                | YES / NO                     |
|                   |              |            |                | YES / NO                     |
|                   |              |            |                | YES / NO                     |
|                   |              |            |                | YES / NO                     |

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

| Activity | No. of Years Partic. | Special Awards, Honors | Offices Held | Activity | No. of Years Partic. | Special Awards, Honors | Offices Held |
|----------|----------------------|------------------------|--------------|----------|----------------------|------------------------|--------------|
|          |                      |                        |              |          |                      |                        |              |
|          |                      |                        |              |          |                      |                        |              |
|          |                      |                        |              |          |                      |                        |              |
|          |                      |                        |              |          |                      |                        |              |

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**PARENTS' FINANCIAL DATA (REQUIRED)**

**Instructions for this section are provided in the guidelines.**

If you are a dependent student, please have your parent/guardian complete this section. If you are independent, information about you and your spouse (if applicable) should be provided. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- I am a dependent student. The data below represents my parents' finances.
- I am an independent student. The data below represents my finances.

1. State of Residence .....
2. Adjusted Gross Income (FORM 1040) ..... \$ \_\_\_\_\_
3. Total Federal Tax Paid (FORM 1040) ..... \$ \_\_\_\_\_  
(Not the amount withheld from paychecks)
4. Total Income of Father (self if independent) \$ \_\_\_\_\_  
Total Income of Mother (spouse if independent) \$ \_\_\_\_\_
5. Yearly Untaxed Income and Benefits:  
Please indicate source –  
 Social Security  Child Support  
 Other .....
6. Medical and Dental Expenses not paid by insurance (exclude premiums) .....\$ \_\_\_\_\_
7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ \_\_\_\_\_
8. Total number of family members living in the household and primarily supported by the reported income ...# \_\_\_\_\_
9. Marital status of employee parent or guardian:  
 Married  Divorced  Separated  Widowed  Single
10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# \_\_\_\_\_

**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

| Name of Award: | School to which award will be applied: | Amount:  | Check One:  |
|----------------|--|----------|---|
| _____          | _____                                  | \$ _____ | <input type="checkbox"/> Granted <input type="checkbox"/> Pending |
| _____          | _____                                  | \$ _____ | <input type="checkbox"/> Granted <input type="checkbox"/> Pending |

**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

|  |  |   |   |  |
|--|--|---|---|--|
| The applicant's choice of a postsecondary educational program is                             | <input type="checkbox"/> extremely appropriate | <input type="checkbox"/> very appropriate | <input type="checkbox"/> moderately appropriate | <input type="checkbox"/> inappropriate |
| The applicant's achievements reflect his/her ability   | <input type="checkbox"/> extremely well        | <input type="checkbox"/> very well        | <input type="checkbox"/> moderately well        | <input type="checkbox"/> not well      |
| The applicant's ability to set realistic and attainable goals is                             | <input type="checkbox"/> excellent             | <input type="checkbox"/> good             | <input type="checkbox"/> fair                   | <input type="checkbox"/> poor          |
| The quality of the applicant's commitment to school and/or community is                      | <input type="checkbox"/> excellent             | <input type="checkbox"/> good             | <input type="checkbox"/> fair                   | <input type="checkbox"/> poor          |
| The applicant is able to seek, find, and use learning resources                              | <input type="checkbox"/> extremely well        | <input type="checkbox"/> very well        | <input type="checkbox"/> moderately well        | <input type="checkbox"/> not well      |
| The applicant demonstrates curiosity and initiative  | <input type="checkbox"/> extremely well        | <input type="checkbox"/> very well        | <input type="checkbox"/> moderately well        | <input type="checkbox"/> not well      |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | <input type="checkbox"/> extremely well        | <input type="checkbox"/> very well        | <input type="checkbox"/> moderately well        | <input type="checkbox"/> not well      |
| The applicant's respect for self and others is   | <input type="checkbox"/> excellent             | <input type="checkbox"/> good             | <input type="checkbox"/> fair                   | <input type="checkbox"/> poor          |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

**1. Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Unofficial transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)

**2. High school seniors and students who have completed less than one full quarter or semester of postsecondary education must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

|  |                                |                                  |      |         |      |         |         |           |
|--|--------------------------------|----------------------------------|------|---------|------|---------|---------|-----------|
| Applicant ranks _____<br>in a class of _____ | Cumulative Grade Point Average | SAT                              |      | ACT     |      |         |         |           |
|  | Weighted: _____/4.0 scale      | Evidence-Based Reading & Writing | Math | English | Math | Reading | Science | Composite |
|  | Unweighted: _____/4.0 scale    |                                  |      |         |      |         |         |           |

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

**McCrary Corp. Transition Assistance and Scholarship Program**  
 Scholarship America  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline June 30**

**CERTIFICATION**

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

I consent to data collected in this application being used for the purpose of selecting scholarship recipients, communication and promotion of the program. Data will be processed in compliance with the Scholarship America Privacy Policy.

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_