

**Community Foundation for Muskegon County
Rich McCarthy Oakridge Scholarship Fund**

The Rich McCarthy Oakridge Scholarship is currently a one-time \$1,000 award, available each year for a graduating senior from Oakridge High School. To qualify, a candidate must exhibit demonstrated academic ability and a strong motivation to succeed and to pursue higher education. There are three parts to this application:

- A. The application form below
- B. The Applicant Appraisal form which may be written by a teacher, a counselor, an employer, a minister or others in your community
- C. The Academic Status form to be filled out by your Counselor

All of the above must be submitted to your high school counselor no later than _____. The McCarthy Advisory Committee will review the applications and select the recipient. Determination will be made by the first week in May. The winner will be announced at the Oakridge High School senior awards ceremony. If you have any questions, please call a Program Officer at the Community Foundation for Muskegon County: 722-4538.

APPLICATION

1. Name: _____ Phone: _____

2. Address: _____

3. City, State, Zip: _____

4. Parent(s) Name (s): _____

5. High School Graduation Date: _____ 6. Email Address: _____

7. School or College attending next Fall _____

8. Subject Area, Program or Degree _____

9. Make a statement of your educational plans as they relate to you and your career goals. Include some of the points you would like the selection committee to remember about you:

10. List memberships and participation in school and community organizations. Indicate offices held, honors, awards and other achievements.

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____

G. _____
H. _____
I. _____
J. _____
K. _____
L. _____

11. Please report any unusual family, personal or financial circumstances you feel warrant consideration by the Committee.

12. Have you applied for financial assistance at the college you plan to attend? Yes No

13. Are you eligible for Federal Financial Aid? Yes No

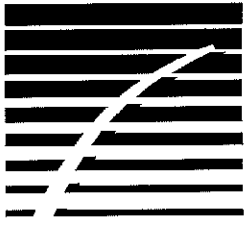
14. Have you qualified for the Michigan Merit Scholarship (MEAP Award)? Yes No

15. Have you applied for other scholarships? (private or local organizations) Yes No

16. If you answered yes on #15, please list below:

Source	Amount	Granted	Pending

Applicant's Signature: _____ Date Completed: _____



COMMUNITY FOUNDATION *for* MUSKEGON COUNTY SCHOLARSHIP PROGRAM

APPLICANT APPRAISAL

Applicant Section - PLEASE PRINT WITH BLACK INK OR TYPE

A high school counselor, a college advisor, an instructor, a professional person, or a supervisor must complete this appraisal.

Applicant's Name: _____ Address: _____

Phone Number: _____

APPRAISER Section:

With limited funds available, your appraisal will be most important to this applicant. Please give it your immediate and serious attention.

- A. Period of time you have known the applicant _____
- B. How well have you known the applicant? Very well ____ Fairly well ____ Limited contact ____
- C. Please answer the following questions based on your knowledge of the student.
 - 1. Based on the applicant's ability and capabilities, do you think the applicant's career choice is wise and realistic? Yes No
 - 2. Has this applicant demonstrated positive school and community citizenship? Yes No
 - 3. Do achievement or performance records reflect this applicant's ability? Yes No

If you answered "NO" to any of the above questions, please explain:

- D. Does this applicant exhibit personal qualities indicating that he/she is willing and able to cope with the rigorous demands of advanced studies? (Elaborate)

- E. Unusual circumstances or factors which you feel warrant special attention (including financial):

It is not our intent to prevent any low-income student from applying because of the \$5.00 fee. Please note if you feel that the application fee should be waived.

Appraiser's Signature _____ Appraiser's Title _____ Date _____

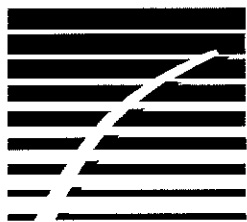
School, Business, Organization, etc. _____ Telephone _____

Address _____ City, State, Zip _____

Community Foundation for Muskegon County, Scholarship Program,
425 W. Western, Suite 200, Muskegon, MI 49440

231-722-4538

scholarships@cffmc.org



**COMMUNITY FOUNDATION *for* MUSKEGON COUNTY
SCHOLARSHIP PROGRAM**

ACADEMIC STATUS FORM

This form is for current High School students only. College Students do not need to submit.

Please give this to your high school counselor for completion.

Applicant's Name: _____

Phone Number: _____

Address: _____

Class Rank: Applicant ranks _____ in a class of _____

GPA (Must be computed on a 4.0 scale): Applicant's GPA is _____

ACT Composite _____

SAT:

Verbal _____

Math _____

Certification: All of the information on this form is true and complete to the best of my knowledge.

Authorized By

Title and School

Date

Mail Information To:

Community Foundation for Muskegon County
Scholarship Program
425 W. Western, Suite 200
Muskegon, MI 49440

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