

The Bill McKenna Memorial Scholarship Foundation



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness will ensure your application will be reviewed properly

Application postmark deadline May 31, of the Application Year

Applicants to the BMMSF must be:

- Officials age 24 and under who are active members of MIHOA with a minimum of two years membership as of the application deadline.
- High School seniors or graduates who plan to enroll or students who are already enrolled in a full-time* undergraduate course of study at an accredited two- or four-year college or university or vocational-technical school.

*Full-time study is defined as full-time enrollment for the entire upcoming academic year.

Past recipients of this award are eligible to reapply to the program if a minimum GPA of 2.5 is maintained.

Applicants will be notified in early July as to their selection status. Not all applicants to the program will be selected as recipients.

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Home Mailing Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail Address _____

Date of Birth: Month _____ Day _____ Year _____

PARENT OR GUARDIAN INFORMATION

Parent/Guardian/Sponsor Name _____ Occupation _____

E-mail Address _____ Telephone (_____) _____

Mothers Name _____ Occupation _____

E-mail Address _____ Telephone (_____) _____

List Brothers & Sisters with Date of Birth: _____

Are you a member of MIHOA? Yes No If Yes, how many years have you been a member and how many games have you officiated for MIHOA last season? _____

HIGH SCHOOL DATA (New Applicants)

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

Current GPA: _____ ACT Score: _____ SAT Score: _____ Class Rank: _____

POST-SECONDARY SCHOOL DATA
(Returning Applicants – Include proof of GPA)

Name of post-secondary 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.

School _____ City _____ State _____

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What is your major and why are you passionate about it? _____

ACTIVITIES, AWARDS, HONORS & INTERESTS

Special Awards and/or Recognition: _____

Community Service: _____

Hobbies & Interests: _____

QUESTIONS

Please limit your answer to one type written page per question.

1. Discuss how your experiences as an official has helped your development in various aspects of your life.
2. Discuss how the McKenna Scholarship will assist you in your future education and life goals.
3. Discuss any unusual family, personal or financial circumstances that have affected your achievement in school, work or participation in school and community activities. (All such information will be held in strict confidence by the BMMSF.)

LETTERS OF RECOMMENDATION, RETURNING APPLICANTS GPA INFORMATION AND MAILING INSTRUCTIONS

Letters of Recommendation and Returning Applicants proof of GPA --- **Please Include with the Application**

All materials must be addressed to:

The Bill McKenna Memorial Scholarship Foundation
c/o Bob Howenstein
1387 Sunswept Valley Drive
Defiance, MO 63341

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CERTIFICATION

The BMMSF board has the sole responsibility for selecting recipients based on criteria as set forth in the program's eligibility and requirements. This application becomes the property of the BMMSF. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of the BMMSF are final. I certify I meet eligibility requirements of the program as described and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Member's Parent or Guardian's Signature _____ Date _____

(Required only if applicant is under 18 years old)