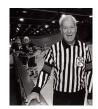
## The Bill McKenna Memorial Scholarship Foundation

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-ma	ail Address	
	Date of Birth: Month	_ Day Year	
PARENT	Parent/Guardian/Sponsor Name	Occupation	
OR GUARDIAN INFORMATION	E-mail Address		
	Mothers Name	Occupation	
	E-mail Address		
	List Brothers & Sisters with Date of Birth:		
	Are you a member of MIHOA?	ny years have you been a member and h	, ,
HIGH SCHOOL	School Name	High School Graduation Date: Month	Year
DATA (New Applicants)	City	State Telephone (	_)
(	Current GPA: ACT Score: 9	SAT Score: Class	Rank <sup>.</sup>

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		State	
	School			
	What is your major and why are you passionate about it?			
ACTIVITIES,	Special Awards and/or Recognition:			
AWARDS, HONORS & INTERESTS				
	Community Service:			
	Hobbies & Interests:			
QUESTIONS	Please limit your answer to one type written pag	e per question.		
	Discuss how your experiences as an official	l has helped your development in various aspec	ts of your life.	
	2. Discuss how the McKenna Scholarship will	assist you in your future education and life goals	S.	
	Discuss any unusual family, personal or fin	ancial circumstances that have affected your act	nievement in school, work or participation in	
	school and community activities. (All such information will be held in strict confidence by the BMMSF.)			
LETTERS OF RE	COMMENDATION, RETURNING APPLICANTS O	SPA INFORMATION AND MAILING INSTRUCT	TIONS	
	Letters of Recommendation and Returning Appl	etters of Recommendation and Returning Applicants proof of GPA Please Include with the Application		
	All materials must be addressed to:			
	The Bill McKenna Memorial Scholarship Fou c/o Bob Howenstein	ndation		
	1387 Sunswept Valley Drive Defiance, MO 63341			
	Postmark deadli	ne May 31, of the Application Year		
CERTIFICATION	The BMMSF board has the sole responsibility for	r selecting recipients based on criteria as set for	th in the program's eligibility and	
	requirements. This application becomes the pro-	perty of the BMMSF. (It is recommended that y	ou keep a copy for your files.)	
	I acknowledge decisions of the BMMSF are final	. I certify I meet eligibility requirements of the pr	rogram as described and the information	
	provided is complete and accurate to the best of transcript of grades. Falsification of information		f of information, including an official	
	Applicant's Signature		Date	
	Member's Parent or Guardian's Signature		Date	

(Required only if applicant is under 18 years old)