

# Margaret A. McGrath Charitable Foundation

## Scholarship Application

### Scholarship

Marie Dollard McGrath Elementary Education Scholarship

Philip and Margaret Dollard Business Scholarship

### Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State New York Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Resident Since (year) \_\_\_\_\_ U.S. Citizen? Yes No

### Academic Information

College/University Attending \_\_\_\_\_

Degree Major \_\_\_\_\_

Year in College Freshman Sophomore Junior Senior Graduate

Anticipated Date of Graduation \_\_\_\_\_

Financial Aid or Bursar Office Address \_\_\_\_\_

Financial Aid or Bursar Office Phone \_\_\_\_\_

Tuition (**only**) per semester \$ \_\_\_\_\_

## Application Checklist

The following information must be submitted with this application to consider the application complete:

1. **Proof of Residency** in either the Town of Hamlin or Town of Sweden for a minimum of 24 recent consecutive months.
2. **High School Transcript** with school certification showing evidence of a minimum “B” or numeric equivalent grade point average. Include the SAT and/or ACT scores.
3. **College Transcript** (if applicable) official transcript showing evidence of a minimum “B” or numeric equivalent grade point average.
4. **Resume** including the following sections:
  - A. List of honors, awards and scholarships received
  - B. List of school related extracurricular activities including clubs, sports, music, publications, etc...
  - C. List of community or outside of school activities including employment, clubs, community service activities, etc...
5. **Three Letters of Recommendation** from instructors, community leaders, and/or business professionals attesting to the applicant’s high level of motivation, strong moral character, clear sense of purpose, maturity and leadership ability.
6. **Evidence of Financial Need** based on both the US Department of Education calculation of the applicant’s Expected Family Contribution (“EFC”) to the cost of post high school education; and the criteria of the Financial Aid Department of the college or university the applicant is or will be attending.

## Additional Terms and Conditions

1. The Selection Committee reserves the right to request an interview with the applicant.
2. Scholarship recipients shall not be selected or rejected on the basis of their race, religion, national or ethnic origin, or other illegally discriminating criteria.
3. The final determination of awarding the scholarships is in the sole discretion of the Trustees - Directors of the Foundation.
4. The applicant agrees and acknowledges that if he/she is selected for a scholarship that said person will give written direction to the college or university he/she attends or will attend authorizing and directing the school to provide copies of the recipient’s grade reports and financial status records directly to the Trustees-Directors of the Margaret A. McGrath Charitable Foundation.
5. Recipient grade reports and financial status records will be used by the Trustees-Directors to determine whether scholarship recipients have performed in accordance with the terms of the scholarship.
6. In the event the scholarship recipient is found to have diverted scholarship funds from their proper purpose, said recipient agrees to repay any inappropriate diverted funds.
7. All applications must be submitted by March 1<sup>st</sup>. The selection committee will announce scholarship awards on or about June 15<sup>th</sup>. No scholarship is automatically renewed and applicants must re-apply for future consideration based on the terms stated in an award letter.

The applicant \_\_\_\_\_ hereby acknowledges the above information and attests that all information submitted is to the best of my knowledge a true and accurate representation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Submit all requested information and this completed form to:**

**Margaret A. McGrath  
Charitable Foundation**

Attention: Richard Dollard, Executive Director  
P.O. Box 287  
62 Main Street  
Brockport, NY 14420  
[\(585\) 637-7170](tel:5856377170)