

HIGH SCHOOL ATTENDED: _____

(Name, Address, County, and State where school is located.)

COLLEGE I WILL BE ATTENDING (Name & Address): _____

HAVE YOU RECEIVED A MC KAIG SCHOLARSHIP IN THE PAST? YES ___ NO ___ IF YES, WHAT YEAR(S)? _____

WILL YOU BE ATTENDING COLLEGE ON A FULL-TIME BASIS FOR THE FALL AND SPRING SEMESTER? _____

COLLEGE YEAR YOU ARE APPLYING FOR: (Circle) FRESHMAN SOPHOMORE JUNIOR SENIOR GRAD

NOTE: (Students not dependent on their parents should not complete Parent Information sections indicated with (*).)

*PARENTS' HOME ADDRESS: _____
Street City State Zip Phone #

*FATHER: NAME: _____
OCCUPATION & EMPLOYER: _____
ANNUAL EARNINGS FROM EMPLOYMENT: _____

*MOTHER: NAME: _____
OCCUPATION & EMPLOYER: _____
ANNUAL EARNINGS FROM EMPLOYMENT: _____

* YOUR PARENTS' TOTAL NUMBER OF DEPENDENTS: _____

(NOTE: We may require you to provide copies of your Parents' Federal Income Tax Returns.)

ESTIMATED BUDGET FOR NEXT SCHOOL YEAR:

TUITION/FEES: _____ BOOKS & SUPPLIES _____

ROOM & BOARD: _____ PERSONAL EXPENSES _____
(travel, materials, misc)

I HEREBY DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT, AND I AUTHORIZE PNC BANK OR ITS REPRESENTATIVES TO VERIFY ALL INFORMATION REPORTED BY ANY MEANS DEEMED PRUDENT. FURTHER, I UNDERSTAND AND AGREE THAT ANY FUNDS AWARDED TO ME AS A RESULT OF THIS APPLICATION WILL BE USED EXCLUSIVELY FOR EDUCATIONAL PURPOSES, AND ANY INTENTIONAL OR UNINTENTIONAL MISUSE OF SAID FUNDS MAY SUBJECT ME TO CRIMINAL PROSECUTION.

(Applicant's signature)

(Date)

RETURN COMPLETED FORM BY MAY 31 TO:
LALITTA NASH MC KAIG FOUNDATION
21 PROSPECT SQUARE
CUMBERLAND, MD 21502
PHONE (301) 777-1533
FAX (301) 777-0532