2018 GREG MCKAY

SCHOLARSHIP FUND APPLICATION

***Personal Data***

Name

Street Address

City/State/Zip Code

Home Phone Alternate Phone

Which phone number would you prefer we use to contact you?

Work Email Alternate Email

Which email address would you prefer we use to contact you?

Date of Birth Gender M \_\_\_ F

Class Level:

* High School Senior
* Freshman
* Sophomore
* Junior
* Senior
* Graduate student

***Education***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Schools** | **Names & Addresses** | **Dates****From To** | **Last Year****Completed** | **Did you****Graduate?** | **Diploma or Name of****Degree Earned** |
| **HIGH SCHOOL** |  |  |  |  |  |
| **COLLEGE** |  |  |  |  |  |
| **COLLEGE** |  |  |  |  |  |
| **OTHER** |  |  |  |  |  |

***(Please List Additional Schools on a Separate Sheet)***

Are you currently enrolled in a college/university?

If so, where and what degree are you seeking?

What is your current GPA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information on this application is true and complete to the best of my knowledge. I understand that intentional misrepresentations may disqualify me from scholarship consideration.

Print Name:

Signature:

Date:

**Greg McKay Scholarship Fund c/o League of Martin**

**PO BOX 76426**

**MILWAUKEE, WI 53216**

**Office: (414) 455-0710**

**thenewleagueofmartin@gmail.com**

FOR OFFICE USE ONLY

Date Received: Staff Name: Application #: