

MICHAEL L. McDANIEL MEMORIAL SCHOLARSHIP APPLICATION

SECTION A: BIOGRAPHICAL INFORMATION

Full Name: _____
Last First Middle

Preferred Name: _____ CWID: _____

Current Status:
 High School Senior Transfer University of Alabama Student

Major or Intended Major: _____ Career Objective: _____

Social Security Number: _____ - _____ - _____ Birthday: ____/____/____
mm dd yy

Mailing Address: _____
Street or Route Apt. #

City County

State Zip Code

Home Phone Number: () _____ - _____ Daytime Phone Number: () _____ - _____

Permanent Address (if different from above): _____
Street or Route Apt. #

City County

State Zip Code

Home Phone Number: () _____ - _____ Office Phone Number: () _____ - _____

SECTION B: HIGH SCHOOL BACKGROUND

High School: _____
Name County State

Senior Guidance Counselor: _____ Phone Number: () _____ - _____

High School GPA (on a 4.0 scale): _____ PSAT/MSQT: M _____ V _____ Sel. Index _____

ACT Composite: _____ ACT Math Score: _____ SAT: M _____ V _____ Total _____

Graduation Date: ____/____/____ Class Rank: _____ of _____ in graduating class
mm yy

PLEASE REMEMBER TO COMPLETE THE REMAINING SECTIONS

**SECTION C:
ACTIVITIES**

Please list all significant achievements, honors, leadership and volunteer experiences in the space provided below. The committee is specifically interested in elected or appointed leadership positions and volunteerism in the school and community during grades 9-12 and college (if applicable.). Please indicate the appropriate grade level beside each item and list your information in chronological order (Use extra sheet if necessary).

**YOU MAY WISH TO ATTACH A
RESUME TO THIS APPLICATION**

**SECTION D:
EDUCATION &
CAREER GOALS**

Please submit a statement of your education and career goals. This statement should not exceed 1 page of single-spaced text but yet provide the awards committee sufficient detail to learn more about you.

**SECTION E:
COLLEGE
HISTORY**

College(s) Attended:

Institution: _____ Dates Attended: _____

Quarter / Semester Hours Earned: _____ GPA: _____

Institution: _____ Dates Attended: _____

Quarter / Semester Hours Earned: _____ GPA: _____

Institution: _____ Dates Attended: _____

Quarter / Semester Hours Earned: _____ GPA: _____

Total Earned Hours: _____ Cumulative GPA: _____

Please indicate the total hours you anticipate transferring to UA: _____

**SECTION F:
SIGNATURE**

I have completed all sections of this application and believe the above to be true to the best of my knowledge.

Signature of Applicant

Date