

# 2007 K Scholars Application – USA

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness insure your application will be reviewed properly.

Application postmark deadline **15, 200**

**FOR SCHOLARSHIP AMERICA USE ONLY**

ID #	PD	GPA	SATCR	SATM	ACTE	ACTM	TOTAL

**APPLICANT INFORMATION (REQUIRED)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Please indicate your status. (*This request is voluntary and is for statistical purposes only.*)  Male  Female  
 American Indian/Alaska Native  Black/African American  Multi-Racial  
 Asian  Hispanic/Latino  White  Native Hawaiian/Pacific Islander  
 How did you learn about the program?  
 Internet  Guidance Counselor  Posted Flier  Other, explain \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION (REQUIRED)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**HIGH SCHOOL NOMINATION (REQUIRED)**

**This section is required and must be completed by your high school principal, counselor, or advisor in the space provided. If incomplete, your application will not be evaluated. Do not attach a separate recommendation letter.**

School Name \_\_\_\_\_ Nominee's Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 School Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**\* GPA must be at least 2.5 to be eligible to apply\***

Please make a brief statement describing the nominee and why you recommend this student:

Cumulative Grade Point Average \_\_\_\_\_  
 Weighted: \_\_\_\_\_/4.0 scale \_\_\_\_\_  
 Unweighted: \_\_\_\_\_/4.0 scale \_\_\_\_\_  
 ACT English \_\_\_\_\_ Math \_\_\_\_\_  
 SAT/CR \_\_\_\_\_ Math \_\_\_\_\_

**In order for the application to be complete, I have attached the student's official transcript of grades, including the grading scale.**

School Official's Name (Please print or type) \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

**EMPLOYER RECOMMENDATION (REQUIRED)**

**This section is required and must be completed by your employer in the space provided. If incomplete, your application will not be evaluated. Your employer (not related to you) must complete and sign this recommendation.**

*You have been asked as the nominee's employer/supervisor to complete this section. Use this space only; do not attach a separate letter.*

This employee has worked for me for \_\_\_\_\_ years and/or \_\_\_\_\_ months for approximately \_\_\_\_\_ hours per week.  
 The employee performed all of the work duties requested of her/him in an efficient and positive manner.  Yes  No

Comments \_\_\_\_\_  
 \_\_\_\_\_

I certify that the student applicant is an employee of mine and is not related to me.

Name (Please print or type) \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Company/Business \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_

**ACTIVITIES, AWARDS AND HONORS**

List all school and unpaid community activities in which you have participated during the **past four years** (e.g., student government, music, sports, Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held
1				6			
2				7			
3				8			
4				9			
5				10			

**WORK EXPERIENCE (REQUIRED)**

Describe your paid work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work, etc.). Indicate dates of employment for each job and approximate number of hours worked each week. List hourly wage at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per week	Hourly wage
1				
2				
3				
4				

Estimate total number of hours you worked at all paid jobs between January 2005 to December 2006 \_\_\_\_\_

**UNUSUAL CIRCUMSTANCES**

Please describe any unusual circumstances relating to your family's financial need or your inability to work part-time.

**FINANCIAL NEED**

**(COMPLETION OF THIS ENTIRE SECTION IS REQUIRED)**

The Burger King/McLamore Foundation provides scholarships to students who without financial assistance would be unable to attend college. Please check one or more that best describes your financial need:

- Student receives free/reduced lunch
- Single parent household
- Unemployed parent(s)
- More than one family member in college
- Family receives AFDC, Social Security or other public financial assistance
- Other, explain \_\_\_\_\_

Number of family members in household \_\_\_\_\_ Family's adjusted gross income for 2005: **(Required)** \$ \_\_\_\_\_

If zero, explain \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION CHECKLIST (REQUIRED)**

The student is responsible for submitting all materials to Scholarship America on time. This application for a scholarship becomes complete and valid only when Scholarship America has received all of the following materials.

- YOUR COMPLETE APPLICATION INCLUDES:**
- 2007 Nomination/application form, including
    - Completed Financial Need Section
    - Completed Employer Recommendation
    - Completed School Nomination
    - Student Signature
    - Parent/Guardian Signature
  - Official Transcript of Grades (including grading scale)

All materials, including transcript, must be addressed to:  
**Scholars Program – USA**

7  
**Postmark deadline**

**CERTIFICATION (REQUIRED)**

Scholarship America has the responsibility for selecting recipients based on criteria as set forth in the program's Information and guidelines. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

*I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the Information and guidelines and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. I agree that if selected as a recipient, the Burger King/McLamore Foundation may use my name, photo, and any information provided in this application or subsequent materials for purposes of news and publicity, publications, and all promotions of this program, including current and future promotions.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(required if applicant is under 18 years of age)