

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

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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)