

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: FRESHMAN ___ SOPHOMORE ___ JUNIOR ___ SENIOR ___ GRADUATE

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:

LIABILITIES OF STUDENT:

TUITION/FEES: _____

OUTSTANDING LOANS: _____

ROOM & BOARD: _____

BOOKS & SUPPLIES: _____

OTHER: _____

PERSONAL EXPENSES/TRAVEL: _____
(Laundry, Materials, etc.)

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