



McSwain Foundation Scholarship Application

PURPOSE:

To provide financial assistance to students currently enrolled in a college or university. McSwain Foundation will award a scholarship annually to the spouse of a staff member for the Lawrence-Douglas County Fire Medical Department.

APPLICATION PROCEDURE:

Scholarship applications are available on our website at www.mcswainfoundation.com. Applications should include 1 copy of all required documentation. All applications should be completed in full and accompanied by required documentation. Incomplete applications will not be considered. Completed application packets should be forwarded to Gillian Allen at mcswainfoundationks@gmail.com or drop off at Station 1 located at 746 Kentucky St. McSwain Foundation should receive all completed scholarship applications by **June 1**.

EVALUATION PROCEDURE:

A selection committee will review and evaluate all completed applications. McSwain Foundation will notify the applicant of the winners selected by **June 15**.

To apply for the scholarship, an applicant must meet the following criteria of academic standing, college major plans, leadership and character:

Academic Standing: The applicant must be currently enrolled in a college or university with a minimum grade point average of 2.7 on a 4.0 scale. An official transcript must be included with the application.

College Enrollment: The applicant must enroll in one of the following--an accredited two-year or four-year college, university, technical school or continuing education program (post High School education). If available at time of application, a copy of the acceptance letter for enrollment should be included with the application. A copy of enrollment schedule.

References: Each applicant must provide 2 letters of personal reference from persons other than relatives of the applicant. References must be typed, should not exceed one page in length, and must be attached to the application. References should include the name, address and daytime phone number of the person providing the reference, and the relationship of the reference and applicant should also be indicated (e.g., educator, counselor, employer, clergy).

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PAYMENT OF SCHOLARSHIP

Payment of the scholarship will be made directly to the college or university and applied to the student account.

CERTIFICATION BY APPLICANT

I hereby certify that the statements contained in this application are true, accurate and complete. I certify that I presently meet all eligibility requirements set forth in this application. I understand that any false statement in this application shall constitute grounds for revocation or withdrawal of any awarded scholarship.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Applications will not be returned and become property of McSwain Foundation.

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PERSONAL INFORMATION

Name: _____

Phone: _____

E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____

Name of spouse employed by LDCFM: _____

Station: _____ Shift: _____

ACADEMIC INFORMATION

Your intended field of study: _____

Name of academic institution you are attending: _____

Why do you feel you should receive this scholarship?

How do you plan to use your education?
