



MACONITE
Scholarship Organization of St. Louis

Submission Deadline: May 31, 2026 (No exceptions!)

APPLICANT INFORMATION

First Name		Middle Name		Last Name	
Street Address			City		State Zip Code
Last 4 digits of SSN	Email Address _____@_____			Birth Date	Gender
Home Telephone	Cellular Telephone	Work Telephone		Best time to call	

PARENT OR GUARDIAN INFORMATION

Mother's or Guardian's First Name		Mother's or Guardian's Middle Name		Mother's or Guardian's Last Name	
Street Address			City		State Zip Code
Home Telephone	Cellular Telephone	Work Telephone		Other	
Father's or Guardian's First Name		Father's or Guardian's Middle Name		Father's or Guardian's Last Name	
Street Address			City		State Zip Code
Home Telephone	Cellular Telephone	Work Telephone		Other	

HIGH SCHOOL/POST-SECONDARY EDUCATION INFORMATION

Name of High School		Address		Graduation Date
Cumulative Grade Point Average (GPA) _____/4.0 <i>Attach proof of GPA. Your most recent school transcript is required.</i>				
List any academic honors, awards, and membership activities while in high school: _____				
List your hobbies, outside interests, extracurricular activities and school-related volunteer activities: _____				
List your non-school sponsored volunteer activities in the community: _____				
If you are currently attending OR have been accepted to a College, University, or Trade School, please list the school name AND attach a copy of your acceptance letter.				
Street Address		City		State Zip Code
Date you were first enrolled or will be enrolled		Class Year	Major	
				GPA

(CONTINUED ON BACK)



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Submit two letters of recommendation from a teacher, advisor, principal, volunteer/community leader, or employer who knows you well and can articulate the work ethic, character, and other characteristics that distinguish you from other students.

STATEMENT OF ACCURACY FOR APPLICANT

I hereby affirm that all the above-mentioned information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient my picture may be taken and used to promote the Organization's scholarship program. (Recipient may waive photos due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, according to Organization's policy, it is my responsibility to remit to the Organization the appropriate information for my scholarship to be paid.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of Scholarship Applicant: _____ Date: _____

Checklist

- | | |
|--------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Application | <input type="checkbox"/> Letters of recommendation |
| <input type="checkbox"/> School Transcript | <input type="checkbox"/> College Acceptance Letter |
| <input type="checkbox"/> Photo | |

EMAIL ALL QUESTIONS TO:

info@maconitescholarshipstl.org