

SCHOLARSHIP APPLICATION

PLEASE COMPLETE AND RETURN TO:

Mechanicsville Optimist Club
Attn: Scholarship Committee
P. O. Box 301
Mechanicsville, MD 20659

FROM: _____
Student's Full Name Social Security Number

Student's Street Address City State Zip Code

SEX: Male _____ Female _____ DOB _____ Telephone _____

I graduated, or will graduate from _____ High School
in _____.
Month/Year

I took the SAT or ACT examination on _____. Scores (if available) _____
Date

And would like to be considered for a Mechanicsville Optimist Club Scholarship to:

Name of College or University (Give location of campus, if there is more than one.)
As an undergraduate _____ a graduate student _____
on a full-time _____ part-time basis _____ (Please check all that apply.)
(If part-time status, please provide the number of credit hours per semester _____.)
I have been accepted by the college _____ (or) am waiting to hear if I have been accepted
_____ (check one). If already in college, complete the following: I am currently in my:
_____ year.
(1st, 2nd, etc.)

Please describe any other financial assistance, (education related), which you have accepted or
expect to receive _____

Describe any special circumstances such as separated or divorced parents, widowed parent,
unusual medical bills, disability, etc. _____

Parent's Signature (Mother)

Student's Signature

Parent's Signature (Father)

Date

Attach an essay of 250 words or less stating your educational and career goals.