

THE KAITLYN TAYLOR MCDANIEL MEMORIAL SCHOLARSHIP APPLICATION

APPLICATION DATE (mm/dd/yyyy): _____

<u>STUDENT</u>	
Name: _____	
Date of Birth: _____	Social Security Number _____
Address: _____	
Phone: _____	Attends Which CC High School: _____
Expected Graduation Date: _____	Continuing student at: _____
Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____	
SAT or other required test scores: _____	
I plan on perusing a career in nursing _____	

<u>FAMILY INFORMATION (or Guardian if applicable)</u>	
<u>Mother</u>	<u>Father</u>
Names: _____	_____
Address(es): _____	_____
Occupation: _____	_____
Income: _____	_____
Number of Children in Family and Ages: _____	

<u>EDUCATIONAL INSTITUTION</u>
Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from a teacher, coach, or group or church leader.
4. Please attach an essay on why you want a career in nursing and how you might use it to help others. The document format should be typed, double-spaced, and may not exceed 500 words.

**The complete application package should be returned by May 10th to
The Community Foundation of Carroll County, 255 Clifton Blvd. Suite 313, Westminster, MD 21157**
Please include all attachments for your application to be considered.
A Scholarship Fund of the Community Foundation of Carroll County, Inc.