

The Pat McAfee Foundation

PO Box 26

Brownsburg IN 46112

Scholarship Application

Name of Applicant: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Scholastic Record

College / University: \_\_\_\_\_ City,State: \_\_\_\_\_

Prior College /University: \_\_\_\_\_ City,State: \_\_\_\_\_

High School: \_\_\_\_\_ City,State: \_\_\_\_\_

Highest Degree Completed: AA, BA,BS MA, MS, Other \_\_\_\_\_

(Name of School): \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Major field of study or anticipated field of study: \_\_\_\_\_

Degree Objective: BA, BS, MA, PhD, Other: \_\_\_\_\_

Present Academic Standing: High School Senior, Freshman, Sophomore, Junior , Senior, College  
Freshman, Sophomore, etc.: \_\_\_\_\_

Anticipated Completion Date of the Current Study Program: \_\_\_\_\_