

MCHCL SCHOLARSHIP APPLICATION



MCHCL SCHOLARSHIP APPLICATION DIRECTIONS FOR COMPLETING THE APPLICATION

1. Answer all questions to the best of your ability. Please do not leave any questions blank.
2. Attach Resume. **(In your resume, make sure you have listed all your honors, activities, and leadership positions from school, church, and the community)**
3. Short Essay—Answer each question on a separate sheet of paper, no more than one **page per question**.
4. Provide a **sealed official copy** of your high school transcript showing your **GPA, ACT, or SAT scores**.
5. Attach recommendation Letters **(NOT TO EXCEED 5)**
6. Please print in ink or type all responses. **(Neatness is greatly appreciated.)**

All materials must be **received by March 15, 2026**, to be considered.

This scholarship is offered to any graduating senior in Madison County, State of Alabama, and will be based on financial need, leadership/service, character, and scholastic ability. The Scholarship recipient and their school will be notified by letter on or before May 1, 2026.

Mail all materials together to:

Madison County Homemakers
C/O: Debbie O'Neal
Scholarship Committee Chair
221 Clarence Brockway Road
New Hope, AL 35760

MCHCL SCHOLARSHIP APPLICATION



PERSONAL INFORMATION:

Student's Name: _____
(Last) (First) (Middle)

Date of Birth: _____

E-Mail Address: _____

Permanent Address: _____
(Street or Post Office Box) (City) (State) (Zip)

Mailing Address (if different from above): _____

Home Phone No. (____) _____ Cell Phone: (____) _____

Parents: (include titles such as Dr., Sgt., etc. Indicate if deceased.)

Father's Name: _____

Mother's Name: _____

Name of Guardian, if other than your parents: _____

Number of brothers and sisters: _____

Do you have a relative, such as a parent, grandparent, sister, or aunt, who is or was a member of a club affiliated with the Madison County Homemakers and Community Leaders, commonly known as Homemakers? If yes, complete:

Members Name: _____ Clubs Name: _____

ACADEMIC INFORMATION:

Name of High School: _____

Address: _____
(Street) (City) (State) (Zip)

Phone No: (_____) _____

Principal's Name: _____

Counselor's Name: _____

(Provide a sealed official copy of your transcripts showing the scores below from your school.)

GPA SCORE: _____ ACT SCORE: _____ SAT SCORE: _____

EMPLOYMENT HISTORY:

Employer: _____ Position Held: _____ Date of employment: _____

FINANCIAL REPORT:

	Occupation	Total Amount of Income
Father:	_____	_____
Mother:	_____	_____
Applicant:	_____	_____

Please state the amount of financial assistance you will receive or expect to receive from parents or other relatives while in school.

Are there any extraordinary expenses in your family? (Illness, dependents, other family members in college, etc.)

Have you applied for any other scholarship or financial aid? _____

Source: _____

Was financial aid granted? _____ Amount: _____

CERTIFICATION:

I hereby certify that the data given above is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SHORT ESSAY (PLEASE ANSWER EACH QUESTION BELOW ON A SEPARATE SHEET OF PAPER IN ESSAY FORM NOT TO EXCEED ONE PAGE EACH)

1. Please describe your need for financial aid.
2. In what area are your interests concerning a college major?
3. Why do you feel that you should be selected for a scholarship?

I authorize the release of the information provided on this scholarship application, ACT and SAT scores, and high school grade point average to the Madison County Homemakers and Community Leaders committee and scholarship donors.

(Applicant Signature) (Date)

ALL OF THE INFORMATION ENCLOSED WILL BE CONSIDERED STRICTLY CONFIDENTIAL.

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