



## Wilma Potter Scholarship Application

The Wilma Potter Scholarship Fund was established in 1999 in honor of Wilma Potter, Resident Manager of the Ronald McDonald House from 1985 – 1999. The scholarship pays tribute to Wilma Potter and also to the many patients, parents, and siblings who have met the challenge of a serious illness with dignity and determination. Scholarship recipients are selected based on academic achievement, financial need, and their personal qualities and strengths as attested to in their essay. Recipients must enroll in and attend an accredited university, college or trade school and provide verification of enrollment. Scholarship funds are paid directly to the school where the recipient has enrolled. Scholarship recipients will be notified in mid-May.

### Eligibility:

- Patient, or parent/sibling of patient, who has resided at Ronald McDonald House of Dallas for a cumulative period of at least two weeks prior to application. Priority will be given to patients.
- Minimum of a 2.75 GPA on a 4.0 scale
- Scholarship recipients are eligible to re-apply annually if GPA requirement is met and progress toward a degree or certificate is demonstrated.
- Must be attending school in the United States.

### Requirements:

- Completed Application Form
- Copy of Current Transcript
- FAFSA Form
- Applicant's Essay

### Application Deadline: **April 10, 2020**

Submitted by mail or email to:

Ronald McDonald House of Dallas  
Attn: Jill Cumnock  
4707 Bengal St.  
Dallas, TX 75235

### Questions:

Email: [JCumnock@rmhdallas.org](mailto:JCumnock@rmhdallas.org)

**Restrictions:** Members of the Board of Directors of RMHD or any affiliate, or any persons related to these individuals, are not eligible for scholarship awards. Scholarship payment will be sent directly to the specified university, college or trade school.



## Wilma Potter Scholarship Application

### General Information

\_\_\_\_\_

*First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_ *Birth Date* \_\_\_\_\_

\_\_\_\_\_

*Street Address* \_\_\_\_\_ *City* \_\_\_\_\_

\_\_\_\_\_

*State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *Phone Number* \_\_\_\_\_ *E-mail Address* \_\_\_\_\_

\_\_\_\_\_

*Parent's Name* \_\_\_\_\_ *Parent's E-Mail Address/Phone Number* \_\_\_\_\_

\_\_\_\_\_

*Patient's Name* \_\_\_\_\_ *Relationship to Patient* \_\_\_\_\_ *Dates Stayed at RMHD* \_\_\_\_\_

### Academic Information (Attach additional pages as needed)

\_\_\_\_\_

*Name of High School* \_\_\_\_\_ *Graduation Date* \_\_\_\_\_ *GPA/Class Rank/Class Size* \_\_\_\_\_

\_\_\_\_\_

*SAT or ACT Score* \_\_\_\_\_ *High School Counselor's Name, email and telephone number* \_\_\_\_\_

\_\_\_\_\_

*College or Institution you plan to attend/are attending* \_\_\_\_\_ *Intended Major/Minor* \_\_\_\_\_

If you are already enrolled in college, please answer the following questions:

\_\_\_\_\_

*# of hours completed* \_\_\_\_\_ *Current # of hours enrolled* \_\_\_\_\_ *Cumulative GPA* \_\_\_\_\_

**Extra-Curricular Activities** (Attach additional pages as needed)

List any community service activities in which you have participated and describe your involvement.

*Date            Group/Organization or Activity Name    Brief Description/Hours            Position (if applicable)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any awards, honors or special recognitions you have received while in high school or college.

*Date                                    Award/Honor/Special Recognition*

_____	_____
_____	_____
_____	_____

List any school or community activities that you have participated in during high school/college.

*Date            Group/Organization or Activity Name    Brief Description/Hours            Position (if applicable)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List recent work experience.

*Date                                    Place of Employment/Job Title*

_____	_____
_____	_____
_____	_____

**Financial Information**

\_\_\_\_\_  
*Total income as reported on parent's tax return    # of adults in family            # of dependent children*

\_\_\_\_\_  
*Number of dependent children in college    Estimated annual college/school costs    Total cost for 4 years*

List all other scholarship/programs to which you have applied/received for assistance with educational expenses (please include dollar amounts and note if received or requested):

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**Essay** *(Print out and attach separately)*

Applicants must submit a personal statement that provides information about their background and academic or career goals. What strengths do you possess that will allow you to be successful next year in school. Please include information in your essay about unique financial or personal circumstances that should be considered by the committee in making a selection. (Please limit essay to 1000 words)

**Sign Your Application**

My name, signed below, is my agreement that I have personally prepared this application and certify that it accurately reflects my work.

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*Signature*

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*Date*

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*Parent or Guardian's Signature (required if applicant is under 18 years old)*

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*Date*