

Family Assistance Foundation

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 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 and maintained throughout the scholarship year.
- Must demonstrate a financial need for the scholarship.
- Funds awarded may be used toward tuition, fees, books, and other campus related expenses only.
- 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 4, 2025

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

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.



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General Information

First Name			Last Name		Birth Date	
Street .	Address				City	
State	Zip Code	Phone Number	E-ma	il Address		
Parent's Name			Parent's E-Mail Address/Phone Number			
Patient's Name			Relationship to Patient		Dates Stayed at RMHD	
	of High School		ditional pages as neede		GPA/Class Rank/Class Size	
SAT or	ACT Score (if a	vailable)				
College	e or Institution	you plan to attend/	are attending Intena	led Major/M	inor	
lf you a	are already <u>enr</u>	<u>olled</u> in college, ple	ase answer the followi	ng questions	5:	
# of ho	urs completed	Curren	t # of hours enrolled	Cumulativ	e GPA	

Extra-Curricular Activities (Attach additional pages as needed)

List any c Date	ommunity service activities in which yo Group/Organization or Activity Name		be your involvement. Position (if applicable)
List any a Date	wards, honors or special recognitions y Award/Honor/Special Rec	-	school or college.
List any s Date	chool or community activities that you Group/Organization or Activity Name		h school/college. Position (if applicable)
List recen Date	t work experience. Place of Employment/Job	Title	
	al Information		
Total inco	me as reported on parent's tax return	# of adults in family	# of dependent children
Number o	of children in college Estimate	ed annual cost for tuition, fees,	and books for applicant

Total cost for 4 years for applicant

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):

Please describe your financial need:

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 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.

Signature

Date

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

Date