

### 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 5, 2024
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-mail Addre	ess	
Parent's Name			Parent's E-Mail Address/Phone Number			
Patient's Name			Relationship to Patient		Dates Stayed at RMHD	
Acad	emic inforn	<b>1ation</b> (Attach add	ditional pages a	s needed)		
Name	of High School		Gradu	ation Date	GPA/Class Rank/Class Size	
SAT or	ACT Score (if a	vailable)				
College	or Institution	you plan to attend/	are attending	Intended Maj	ior/Minor	
If you a	are already <u>enr</u>	olled in college, ple	ase answer the	following que	stions:	
# of ho	urs completed	 Curren	t # of hours enr	olled Cum	ulative GPA	

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

List any c	ommunity service activities in w	_		-	
Date	Group/Organization or Activity	/ Name	Brief Description/Hours	Position (if applicable)	
list any a	wards hanars ar special recogn	itions	rou have received while in high	school or college	
Date	wards, honors or special recogn Award/Honor/Spe	_		scribbi bi college.	
Date	, waray nonery ope	e e i di i i i e i	oogt.o		
List anv s	chool or community activities th	nat vou	have participated in during high	school/college.	
Date	Group/Organization or Activity	-		Position (if applicable)	
		-			
List recer	it work experience.				
Date	Place of Employm	ent/Job	) Title		
	<del></del>				
<u>Financi</u>	al Information				
Total inco	ome as reported on parent's tax i	eturn	# of adults in family	# of dependent children	
	as reported on parents tax i	500111	oj alabito iri jairiniy	. Ly alpoinders cimaren	
Number of children in college		Estimated annual cost for tuition, fees, and books for applicant			

Total cost for 4 years for applicant	Expected family contribution	n toward costs
List all other scholarship/programs to which you educational expenses (please include dollar amo		
Please describe your financial need:		
Essay (Print out and attach separately)		
Applicants must submit a personal statement that academic or career goals. What strengths do you school? Please include information in your essay considered by the committee in making a selection	possess that will allow you to about unique personal circun	be successful next year in estances that should be
Sign Your Application		
My name, signed below, is my agreement that I hat it accurately reflects my work.	nave personally prepared this a	application and certify
Signature		 Date
Parent or Guardian's Signature (required if applic	cant is under 18 years old)	 Date