

**THE MCNEIL SCHOLAR PROGRAM-DETROIT
FIRST TIME APPLICANT
APPLICATION
2026-2027**



**The Ronald D. & Regina C.
McNEIL FOUNDATION**
Incorporated

1. **NAME** Last _____ Middle initial _____ First _____

2. **GENDER** Male _____ Female _____

3. **DATE OF BIRTH (mm/dd/yyyy)** _____ / _____ / _____

4. PERMANENT MAILING ADDRESS

Number & Street _____ Apt# _____

City _____ State _____ Zip _____

Cell Phone () _____ - _____

Email _____

5. PARENT(S) OR LEGAL GUARDIAN(S)

NAME(S) _____

ADDRESS (if same as permanent mailing address, write **SAME**)

Number & Street _____ Apt# _____

City _____ State _____ Zip _____

Phone () _____ - _____

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6. Are you a United States citizen? Yes _____ No _____

7. Are you a permanent resident of Detroit, Michigan? Yes _____ No _____

8. Did either parent graduate high school? No _____ Yes, Mother _____ Yes, Father _____

9. Did either parent attend college? No _____ Yes, Mother _____ Yes, Father _____

Did either graduate? No _____ Yes, Mother _____ Yes, Father _____

Degree earned Mother: Associate's _____ Bachelor's _____ Graduate _____

Father: Associate's _____ Bachelor's _____ Graduate _____

10. **RACE/ETHNICITY** (CHECK ONLY ONE)

White _____ Black _____ Hispanic _____

Other (please specify) _____

11. **LIST ALL HIGH SCHOOLS ATTENDED AND DATES OF ATTENDANCE**

SCHOOL

DATE

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12. **DATE OF HIGH SCHOOL GRADUATION** (month, year) _____

13. Have you been accepted to college? Yes _____ No _____

If yes, give name and address of school you plan to attend.

Name _____

City _____ State _____ Zip _____

Phone () _____ - _____

14. **SELF-REPORTED ACADEMIC GPA (AGPA)**

Calculate your **AGPA** using the following scale:

A- or A = 4.00

B-, B or B+ = 3.00

C-, C or C+ = 2.00

D-, D or D+ = 1.00

I, P, W, or E = 0

Please follow the Application Instructions and use additional sheets if necessary.

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SELF-REPORTED AGPA (cont)

	X	Y	Z
COURSE NAME	CREDIT HOURS	GRADE VALUE	Column X multiplied by Column Y
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

AGPA (**TOTAL** from Column Z divided by **TOTAL** from Column X rounded to the nearest tenth.) _____



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15. **PERSONAL STATEMENT** (Please attach)

16. **FINANCIAL AID INFORMATION**

Please attach a copy of your 2025-2026 **FAFSA** Submission Summary. Be sure that your Student Aid Index (**SAI**) is included in the Summary.

17. **TEST SCORES**

Please attach a copy of your most recent official **ACT® Plus Writing** Student Report or **SAT** Score Report.

18. **SIGNATURE**

I hereby certify that the information provided is true and correct. **The Ronald D. & Regina C. McNeil Foundation, Inc.** is authorized to verify information on this form.

APPLICANT'S SIGNATURE _____ **DATE** _____

Make sure that you have followed the Application Guidelines and the Application Instructions before submitting your application. All materials must be postmarked no later than midnight April 15, 2026. Late, inaccurate or incomplete applications will not be processed.

Please do not bind or staple your application