

Mark McDaniel Memorial Scholarship for Future Educators

Scholarship Application

Application Deadline: APRIL 15, 2026

1. Applicant Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

2. High School Information

High School Name: UTICA HIGH SCHOOL

School Address: 260 JEFFERSON ST. P.O. BOX 677 UTICA, OH 43080

Expected Graduation Date: _____

Current GPA: _____

Class Rank (if applicable): _____

Guidance Counselor's Name: _____

Counselor Email or Phone: _____

3. College Plans

College/University you plan to attend: *(Name and Address)*

Intended Major: Education

Area of Education Interest:

☐ Elementary Education

☐ Secondary Education

☐ Special Education

☐ Early Childhood Education

☐ Other: _____

Career Goals in Education: *(Attach additional page if needed.)*

4. School & Community Involvement

List your **extracurricular activities, leadership roles, volunteer work, or community service.** *(Attach additional page if needed.)*

Activity/Organization

Role

Years Involved

Activity/Organization

Role

Years Involved

5. Honors & Awards

List any **academic achievements, scholarships, or recognitions**. (*Attach additional page if needed.*)

6. Essay

In 300–500 words, explain why you want to become an educator and how you hope to make a difference in the lives of students.

PLEASE ATTACH

7. References

Provide **two references** (teacher, counselor, coach, or community leader).

Reference #1

Name: _____

Relationship: _____

Phone or Email: _____

Reference #2

Name: _____

Relationship: _____

Phone or Email: _____

8. Certification & Signature

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____