



Return Completed Form to:
5353 Wayzata Blvd., Suite 350
Minneapolis, MN 55416
Phone (952) 564-3041 Fax: (952) 252-8096

EDUCATION SCHOLARSHIP – *Student Application*

PERSONAL DATA

APPLICANT NAME: () Ms. () Mr. () Mrs.

Name: _____
Last First Middle

Address: _____
Street

Telephone # _____
() _____
Area Code Number

City State Zip
I am a Minnesota resident: Yes No
(Circle One)

E-mail Address: _____

How did you find out about the MPMA Education Scholarship Fund? _____

HIGH SCHOOL DATA (if a current High School student or have graduated in the last 5 years)

School Name: _____

Address: _____
Street

City State Zip

Telephone # _____
() _____
Area Code Number

School Principal: _____

High School Graduation Date: _____

POST SECONDARY SCHOOL DATA

College, University or Technical School applicant currently attends:

College, University or Technical School previously attended, if any:

Upcoming year in school: () 1 () 2 () 3 () 4 Student Status: _____ Full Time _____ Part Time

Anticipated date of graduation (month/year): _____

WORK EXPERIENCE

List below any work experience (full or part-time)

<u>Employer</u>	<u>Job Description</u>	<u>Dates</u>	<u>Hours Per Week</u>

APPLICANT PROFILE

Please list any activities in which you have been involved (examples: literary groups, publications, dramatics, speech, athletics, student government, boy / girl scouts and community activities).

<u>School Activities</u>	<u>Year(s) Involved</u>	<u>Office(s) Held</u>

<u>Community Activities</u>	<u>Year(s) Involved</u>	<u>Office(s) Held</u>

Of all the things you have accomplished either in or out of school, which have given you the greatest personal satisfaction:

AWARDS & HONORS

List any academic or professional awards or honors you have received in the last four years:

COLLEGE/UNIVERSITY/TECHNICAL SCHOOL INFORMATION

Indicate the College/University/Technical School you are planning to attend. You must include a copy of your acceptance letter with this application. If applications are still pending, indicate schools to which you're applied.

College/University/Technical School	City/State
_____	_____
_____	_____
_____	_____

Intended Major/Program:

FINANCIAL INFORMATION

Student Budget

Tuition & Fees \$ _____
 Books & Supplies \$ _____
 Room & Board \$ _____
 Other (list) \$ _____
 \$ _____

Anticipated Resources

Parent Contribution \$ _____
 Student Contribution \$ _____
 Spouse Contribution \$ _____
 V.A. or S.S. Benefits \$ _____
 Other Loans/Scholarships \$ _____
 Employment \$ _____
 Other (list) \$ _____

Total Budget \$ _____ Total Resources \$ _____

ASSESSED NEED (Budget less Resources) \$ _____

Have you applied, or do you plan to apply for other scholarships, aids or grants? If yes, which:

PERSONAL STATEMENT OF GOALS & ASPIRATIONS

Please provide a written statement of what you plan to do with your degree and why you should be considered for this scholarship. Attach additional pages if necessary.

LETTERS OF RECOMMENDATION

Applicants are encouraged to submit two letters of recommendation completed by teachers/professors, principals, advisor/counselor, employers or other adults (non-family member) who know you best. Recommendations must be included with your application. Please make sure the writer's phone number is included on the letter of recommendation.

CERTIFICATION

Your signature at the end of the application authorizes the MPMA Education Foundation to examine your academic and personal records and certifies the accuracy of the information you have provided.

All of the information on this form is true and complete to the best of my/our knowledge. If asked by the MPMA Education Foundation, I/we agree to provide proof of the information that I/we have given on this application. I/we realize that if I/we do not provide proof when asked, the applicant **will not be considered** for a scholarship.

I/we are aware of the conditions under which the education scholarship is awarded and promise to inform the Foundation of any change in circumstances or any additional scholarship aid received.

Furthermore, I/we hereby authorize the people asked to provide recommendation forms to provide the MPMA Education Foundation with information about their personal knowledge of the applicant. I/we further agree that these individuals shall be free to list any confidential information and that all information will be held in confidence and will not be released to the applicant or the applicant’s parents or significant other. Unsigned applications **will not be considered**.

Applicant’s Signature Date

Parent/Guardian’s Signature (if applicant is under 18) Date

APPLICATION CHECKLIST

This application for financial aid becomes **complete and eligible for consideration** when the MPMA Education Foundation has received the following materials:

- _____ Signed application
- _____ Two recommendation forms

**If you are approved for a scholarship, you will be required to provide proof of acceptance into the program for which you are requesting funding.*

**All supplementary materials must be clearly labeled and securely attached to this form.*

Thank you for submitting this application. Upon approval, the check will be payable to the school on your behalf.

FOR OFFICE USE ONLY:			
Date Application Received _____	Approval Date _____		
Amount \$ _____	Ck # _____	Date Sent _____	
Authorized By: _____			

INQUIRIES

If you have any questions, contact your school counselor, or contact the coordinator of the MPMA Education Foundation at (952) 564-3041 or office@mpma.com.

