



**DISTRIBUTION MANAGEMENT ASSOCIATION  
CONFIDENTIAL MEMBER/FAMILY SCHOLARSHIP APPLICATION FORM – Fall 2016**

Every question must be answered. Incomplete applications will not be considered. Scholarship winners will be notified electronically by September 23, 2016 and awarded at the DMA Golf Outing on October 7. Your application will not be considered complete until we have received your signed application, essay, and **official transcripts**. If you have any questions, please call the DMA office at (866) 605-4362. All information is confidential and will be reviewed only by DMA scholarship committee members.

Mail your application to the DMA Office at 25283 Cabot Road, Suite 209, Laguna Hills, CA 92653.

**Applications and official transcripts must be postmarked by September 9, 2016.**

Go to [www.DMASoCal.org](http://www.DMASoCal.org) for a copy of required forms.

**Scholarship Criteria:** Eligible students shall:

- (a) be currently enrolled in school or will be attending the Fall session
- (b) have completed a minimum of 30 college credits
- (c) be of good academic standing with a grade point average of 2.8 or higher
- (d) be an active DMA member in good standing or an immediate family member (spouse or child)
- (e) be a citizen of the United States

Note:

- 1. An individual cannot be awarded a DMA Member/Family scholarship in two consecutive calendar years.
- 2. DMA Scholarship Selection Subcommittee members and their immediate family are not eligible to apply for scholarship funds.

- 1. **DMA application form.** Complete all questions and sign this application.
- 2. **Essay (250-500 words typed):** *Please tell us about an experience, achievement, or risk that you have taken and its impact on you. You must submit your essay with your application.*
- 3. **STUDENTS:** OFFICIAL TRANSCRIPT OF GRADES (WITH COLLEGE SEAL) – MUST INCLUDE PRIOR SEMESTER GRADES. MINIMUM REQUIREMENTS: 2.8 GPA. YOUR TRANSCRIPTS MAY BE MAILED BY THE COLLEGE TO THE DMA OFFICE (*See address at bottom of this form*). ALL TRANSCRIPTS MUST BE POSTMARKED BY **SEPTEMBER 9, 2016.**

*Please note: You must answer every question on this application:*

A. STUDENT INFORMATION

- 1. Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 2. Legal Permanent Address: \_\_\_\_\_
- 3. City, State, Zip: \_\_\_\_\_
- 4. Mailing Address (if different from above): \_\_\_\_\_
- 5. Email: \_\_\_\_\_
- 6. Telephone (Home): ( \_\_\_\_\_ ) \_\_\_\_\_ (Work/Cell): ( \_\_\_\_\_ ) \_\_\_\_\_
- 7. Student ID #: \_\_\_\_\_ Are you a U.S. Citizen?  Yes  No
- 8. Student's Marital Status:  Single  Married  Divorced  Widowed
- 9. Do you have any children/dependents?  Yes  No Give names/ages: \_\_\_\_\_

**B. FAMILY INFORMATION:**

Complete this section (*answer every question*) if you are listed as a dependent on the tax return of your parent(s).

1. Who do you live with? (select all that apply)    mother    father    other \_\_\_\_\_
2. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_
3. Father's Address \_\_\_\_\_
4. Father's Employer (name, city, state) \_\_\_\_\_
5. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_
6. Mother's Address \_\_\_\_\_
7. Mother's Employer (name, city, state) \_\_\_\_\_
8. Number of Siblings that are living at home: \_\_\_\_\_
9. List Names, Ages, & School/College Attending of Brothers & Sisters Currently Living at Home:

Name	Age	School/College Attending	Grade/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. STUDENTS WORK HISTORY:**

1. Are you presently employed:     Full-time                       Part-time                       Not at this time
2. Name of your present employer: \_\_\_\_\_
3. Phone \_\_\_\_\_ Length of Employment \_\_\_\_\_
4. Hourly rate/salary: \_\_\_\_\_ Duties: \_\_\_\_\_
- \_\_\_\_\_
5. Will you work this summer:     Full Time     Part Time     No

**D. DMA MEMBER INFORMATION (IN ORDER TO BE CONSIDERED FOR A SCHOLARSHIP, APPLICANT MUST BE AN ACTIVE MEMBER IN GOOD STANDING OR AN IMMEDIATE FAMILY MEMBER, I.E. SPOUSE OR CHILD).**

*Who is the DMA Member (check box):*

- Applicant                      Applicant's Mother                      Applicant's Father  
Applicant's Spouse                      Applicant's Legal Guardian

Member Name \_\_\_\_\_ Phone \_\_\_\_\_

Member Company \_\_\_\_\_

Member Address \_\_\_\_\_

E. COLLEGE INFORMATION:

1. Name and address of college that you are presently attending:

\_\_\_\_\_  
\_\_\_\_\_

2. In the Fall semester, I will be a:  sophomore  junior  senior in college

3. I plan to be a  full-time student  part-time student

4. List college extracurricular activities (include clubs, sports, community service, employment, etc.)

\_\_\_\_\_  
\_\_\_\_\_

5. List any other scholarship assistance/financial aid you have applied for.

\_\_\_\_\_  
\_\_\_\_\_

F. CERTIFICATION:

I/We hereby declare that the foregoing statements. To the best of our belief, are correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or Guardian Signature is required if applicant is under 21)*

Every question must be answered. Incomplete applications will not be considered.

**All applications must be postmarked by September 9, 2016.**

**Mail your application:**

Distribution Management Association  
25283 Cabot Road, Suite 209, Laguna Hills, CA 92653  
(866) 605-4362 email: admin@dmasocal.org

Go to [www.DMASoCal.org](http://www.DMASoCal.org) if you need a copy of the guidelines and all required scholarship forms.