



**DISTRIBUTION MANAGEMENT ASSOCIATION
CONFIDENTIAL MEMBER/FAMILY SCHOLARSHIP APPLICATION FORM – Fall 2019**

Every question must be answered. Incomplete applications will not be considered. Scholarship winners will be notified electronically by September 27, 2019 and awarded at the DMA Golf Outing. 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 6, 2019.

Go to 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) of an active DMA member in good standing.
- (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 6, 2019.**

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)

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Mail your application:

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

Go to www.DMASoCal.org if you need a copy of the guidelines and all required scholarship forms.