

# APPLICATION FOR MFA FOUNDATION SCHOLARSHIP

Application Deadline: \_\_\_\_\_

## SECTION I. INFORMATION TO BE SUPPLIED BY APPLICANT (Please type or Print)

Name: \_\_\_\_\_ Male ☐ Female ☐

(First) (Middle) (Last)

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Name of Father or Male Guardian: \_\_\_\_\_

Address of Father or Male Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Mother or Female Guardian: \_\_\_\_\_

Address of Mother or Female Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Children in Your Family: \_\_\_\_\_

Number Currently Enrolled in College: \_\_\_\_\_

Name and Location of MFA Agency sponsoring this scholarship: \_\_\_\_\_

Please attach your senior picture (upright head and shoulders pose) here.

**DO NOT STAPLE, FOLD OR PAPER CLIP**

**PLEASE SEND ORIGINAL PHOTO.**

**NO REPRODUCTIONS**

(color copies, inkjet prints do not reproduce well).

If you are the scholarship winner, this photo will be used for publicity purposes.

Briefly summarize your school, church, and community activities. List organizations of which you are a member and offices you have held: \_\_\_\_\_

List any honors or awards you have received: \_\_\_\_\_

List both paid and volunteer work experience and job duties you have performed: \_\_\_\_\_

Name of College You Plan to Attend: \_\_\_\_\_

Est. Expenses for the School Year: \_\_\_\_\_ Est. Resources for the School Year: \_\_\_\_\_

Do you anticipate receiving any scholarships, awards or financial aid? Yes ☐ No ☐

If yes, specify: \_\_\_\_\_

What is your intended major and/or career goal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate what you have done in planning ahead to help meet your anticipated college expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Applicant herewith consents that the Scholarship Committee be fully informed as to the Applicant's scholastic standing, character, and other factors having a bearing on this application.

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

**STUDENT: AFTER YOU HAVE COMPLETED YOUR PART OF THIS APPLICATION, PRESENT IT TO YOUR PRINCIPAL OR COUNSELOR FOR CERTIFICATION. THE DEADLINE IS MARCH 15, 2017.**

## **SECTION II. INFORMATION TO BE SUPPLIED BY PRINCIPAL OR COUNSELOR**

This is to certify that the above applicant is ranked \_\_\_\_\_ in a class of \_\_\_\_\_ seniors.

The applicant has taken the following college aptitude test:

**Name of Test**

**Score**

**Date Tested**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Scholarship Selection Committee would appreciate a brief statement concerning your evaluation of this applicant's citizenship and worthiness for scholarship consideration. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Award will be presented at:

☐ Awards Assembly

☐ Graduation Ceremonies

Principal or Counselor:

Date:

Name of High School:

Date and time of presentation:

Address of High School:

Telephone No.:

***Please deliver this application to the school official serving on the Scholarship Selection Committee.***