

APPLICATION FOR MFA FOUNDATION SCHOLARSHIP

Application Deadline: March 15, 2017

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: | |
| <u>Name of Test</u> | <u>Score</u> |
| <u>Date Tested</u> | |
| _____ | |
| _____ | |
| _____ | |
| 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: <input type="checkbox"/> Awards Assembly <input type="checkbox"/> Graduation Ceremonies | Principal or Counselor: Date: Name of High School: |
| Date and time of presentation: | Address of High School: Telephone No.: |
| <i>Please deliver this application to the school official serving on the Scholarship Selection Committee.</i> | |