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| **APPLICATION FOR MFA FOUNDATION SCHOLARSHIP**Application Deadline: March 15, 2019 |
| **SECTION I. INFORMATION TO BE SUPPLIED BY APPLICANT** (Please type or Print) |
| Name: |       |       |       | Male [ ]  Female [ ]  |
|   | (First) | (Middle) | (Last)Please attach your senior picture (upright head and shoulders pose) here. **DO NOT STAPLE, FOLD OR PAPER CLIP**PLEASE SENDORIGINAL 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. |
| 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: |
|       |
| 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:       |

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| 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, 2019.**

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| **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.*** |