## **APPLICATION FOR MFA FOUNDATION SCHOLARSHIP**

Application Deadline: March 15, 2014

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

Name:			Male 🛄 Female 🛄
(First)	(Middle)	(Last)	
Address:			Please attach your
City, State, and Zip			senior picture (upright head and
Phone #:	S.S. #:		shoulders pose) here.
Name of High School:			
Name of Father or Male Guardian:			PLEASE SEND
Address of Father or Male Guardian:			ORIGINAL PHOTO.
Occupation:			
Name of Mother or Female Guardian:			(color copies, inkjet prints do not
Address of Mother or Female Guardian:			reproduce well).
Occupation:			
Number of Children in Your Family:		If you are the scholarship winner, this photo will be	
Number Currently Enrolled in College:			- used for publicity purposes.
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:				

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, 2014.

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.					
	T				
Award will be presented at:	Principal or Counselor:				
Awards Assembly	Date:				
Graduation Ceremonies	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.					