



Return Completed Form to:  
10700 W Hwy 55 Suite 275  
Plymouth, MN 55441  
Phone (952) 564-3041 Fax: (952) 252-8096

Application Deadline - typically April 15th of each year  
**EDUCATION SCHOLARSHIP – Student Application**

**PERSONAL DATA**

APPLICANT NAME: ( ) Ms. ( ) Mr. ( ) Mrs.

Name: \_\_\_\_\_  
Last First Middle

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

Telephone # (\_\_\_\_\_) \_\_\_\_\_ City State Zip  
Area Code Number I am a Minnesota resident: Yes No  
(Circle One)

E-mail Address: \_\_\_\_\_

How did you find out about the MPMA Education Scholarship Fund? \_\_\_\_\_

**HIGH SCHOOL DATA (if a current High School student or have graduated in the last 5 years)**

School Name: \_\_\_\_\_

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

City State Zip

Telephone # (\_\_\_\_\_) \_\_\_\_\_ School Principal: \_\_\_\_\_  
Area Code Number

High School Graduation Date: \_\_\_\_\_

**POST SECONDARY SCHOOL DATA**

College, University or Technical School applicant currently attends:  
\_\_\_\_\_

College, University or Technical School previously attended, if any:  
\_\_\_\_\_

Upcoming year in school: ( ) 1 ( ) 2 ( ) 3 ( ) 4 Student Status: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Anticipated date of graduation (month/year): \_\_\_\_\_

**WORK EXPERIENCE**

List below any work experience (full or part-time)

<u>Employer</u>	<u>Job Description</u>	<u>Dates</u>	<u>Hours Per Week</u>

**APPLICANT PROFILE**

Please list any activities in which you have been involved (examples: literary groups, publications, dramatics, speech, athletics, student government, boy / girl scouts and community activities).

School Activities	Year(s) Involved	Office(s) Held

Community Activities	Year(s) Involved	Office(s) Held

Of all the things you have accomplished either in or out of school, which have given you the greatest personal satisfaction:

---



---



---

**AWARDS & HONORS**

List any academic or professional awards or honors you have received in the last four years:

---



---



---



---

**COLLEGE/UNIVERSITY/TECHNICAL SCHOOL INFORMATION**

Indicate the College/University/Technical School you are planning to attend. You must include a copy of your acceptance letter with this application. If applications are still pending, indicate schools to which you're applied.

<b>College/University/Technical School</b>	<b>City/State</b>
_____	_____
_____	_____
_____	_____

**Intended Major/Program:** \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL INFORMATION**

**Student Budget**

Tuition & Fees \$ \_\_\_\_\_

Books & Supplies \$ \_\_\_\_\_

Room & Board \$ \_\_\_\_\_

Other (list) \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Anticipated Resources**

Parent Contribution \$ \_\_\_\_\_

Student Contribution \$ \_\_\_\_\_

Spouse Contribution \$ \_\_\_\_\_

V.A. or S.S. Benefits \$ \_\_\_\_\_

Other Loans/Scholarships \$ \_\_\_\_\_

Employment \$ \_\_\_\_\_

Other (list) \$ \_\_\_\_\_

Total Budget \$ \_\_\_\_\_

Total Resources \$ \_\_\_\_\_

**ASSESSED NEED (Budget less Resources) \$ \_\_\_\_\_**

Have you applied, or do you plan to apply for other scholarships, aids or grants? If yes, which:

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL STATEMENT OF GOALS & ASPIRATIONS**

Please provide a written statement of what you plan to do with your degree and why you should be considered for this scholarship. Attach additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LETTERS OF RECOMMENDATION**

Applicants are encouraged to submit two letters of recommendation completed by teachers/professors, principals, advisor/counselor, employers or other adults (non-family member) who know you best. Recommendations must be included with your application. Please make sure the writer's phone number is included on the letter of recommendation.

**CERTIFICATION**

Your signature at the end of the application authorizes the MPMA Education Opportunities Foundation to examine your academic and personal records and certifies the accuracy of the information you have provided.

All of the information on this form is true and complete to the best of my/our knowledge. If asked by the MPMA Education Opportunities Foundation, I/we agree to provide proof of the information that I/we have given on this application. I/we realize that if I/we do not provide proof when asked, the applicant *will not be considered* for a scholarship.

I/we are aware of the conditions under which the education scholarship is awarded and promise to inform the Foundation of any change in circumstances or any additional scholarship aid received.

Furthermore, I/we hereby authorize the people asked to provide recommendation forms to provide the MPMA Education Opportunities Foundation with information about their personal knowledge of the applicant. I/we further agree that these individuals shall be free to list any confidential information and that all information will be held in confidence and will not be released to the applicant or the applicant’s parents or significant other. Unsigned applications *will not be considered*.

I give permission for my name and photo to be used in a press release from the MPMA about scholarship winners

\_\_\_\_\_  
Applicant’s Signature Date

\_\_\_\_\_  
Parent/Guardian’s Signature (if applicant is under 18) Date

**APPLICATION CHECKLIST**

This application for financial aid becomes *complete and eligible for consideration* when the MPMA Educational Opportunities Foundation has received the following materials:

Signed application \_\_\_\_\_ Two recommendation forms \_\_\_\_\_

I give permission for my name to be used in a press release from the MPMA about scholarship winners. Yes \_\_\_\_ No \_\_\_\_

If you are awarded a scholarship, would you be willing to provide a short video about the impact of the scholarship on your career? Yes \_\_\_\_ No \_\_\_\_

*\*If you are approved for a scholarship, you will be required to provide proof of acceptance into the program for which you are requesting funding.*

*\*All supplementary materials must be clearly labeled and securely attached to this form.*

Thank you for submitting this application. Upon approval, the check will be payable to the school on your behalf.

FOR OFFICE USE ONLY:  
Date Application Received \_\_\_\_\_ Approval Date \_\_\_\_\_  
Amount \$ \_\_\_\_\_ CK# \_\_\_\_\_ Date Sent \_\_\_\_\_  
Authorized By \_\_\_\_\_

**INQUIRIES**

If you have any questions, contact your school counselor or call the coordinator of the MPMA Educational Opportunities Foundation at (952) 564-3041.

