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)	Please attach your		
Address:			senior picture (upright head and		
City, State, and Zip			shoulders pose) here.		
Phone #:	S.S. #:	_	DO NOT STAPLE OR BEND.		
Name of High School:					
Name of Father or Male Guard	PLEASE SEND				
Address of Father or Male Gua	ORIGINAL PHOTO.				
Occupation:			NO REPRODUCTIONS		
Name of Mother or Female Gu	(color copies, inkjet prints do not reproduce well).				
Address of Mother or Female 0					
Occupation:			If you are the coholorship		
Number of Children in Your Family:			If you are the scholarship winner, this photo will be		
Number Currently Enrolled in C	College:		used for publicity purposes.		
Name and Location of MFA Ag	ency sponsoring this scho	olarship:	used for publicity purposes.		
offices you have held: List any honors or awards you		ictivities. List organizat	ions of which you are a member and		
List both paid and volunteer wo	ork experience and job dut	ties you have performed	d:		
Name of College You Plan to A	attend:				
			for the School Year:		
Do you anticipate receiving any			No 🗌		
If yes, specify:					

What is your intended major and/	or career goal?			
Indicate what you have done in p	lanning ahead to help meet your	anticipated college expenses:		
The Applicant herewith consent standing, character, and other fac		tee be fully informed as to the Applicar plication.	nt's scholastic	
	-	Signature of Applicant		
STUDENT: AFTER YOU HAV PRINCIPAL OR COUNSELOR F		OF THIS APPLICATION, PRESENT I ADLINE IS MARCH 15, 2014.	T TO YOUR	
SECTION II. INFORMATION TO BE SUPPLIED BY PRINCIPAL OR COUNSELOR				
This is to certify that the above ap	oplicant is ranked in a clas	ss of seniors.		
The applicant has taken the follow	wing college aptitude test:			
Name of Test	<u>Score</u>	<u>Date Tested</u>		
The Scholarship Selection Comr citizenship and worthiness for sch		statement concerning your evaluation of the	his applicant's	
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.