|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR MFA FOUNDATION SCHOLARSHIP**  Application Deadline: March 15, 2016 | | | | | | | | | | | | | | | | | |
| **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 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. |
| 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: | | | | | | | | | | | | | | | | | |

|  |
| --- |
| 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, 2016.**

|  |  |
| --- | --- |
| **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.*** | |