



2018 SCHOLARSHIP APPLICATION

Completed scholarship applications are due to the MMBA office by Friday • April 13, 2018 @ 3:00 pm.

Please print

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State/Zip)

Home Number: (_____) _____ Cell Number: (_____) _____

Date of Birth: ____/____/____ Email Address: _____
Month Day Year

High School attended: _____ Graduation date: _____

Name of college you plan to continue your education: _____

College address: _____
(Street) (City) (State) (Zip)

Type: College: _____ Vo-Tech: _____ Other: _____ specify: _____

Major you plan to pursue: _____

Application is: Accepted: _____ Pending: _____

I will live: On Campus: _____ Off-Campus: _____ Commute: _____

ELIGIBILITY:

All scholarship applicants must be an MMBA member, employee of an MMBA member, spouse and/or recent high school graduate of an MMBA member.

Name of father/male guardian: _____
(First) (Last)

Employer: _____ MMBA Member: Yes / No

Position: _____ Work Location (City): _____

Work Phone: _____ Email: _____

Name of mother/female guardian: _____
(First) (Last)

Employer: _____ MMBA Member: Yes / No

Position: _____ Work Location (City): _____

Work Phone: _____ Email: _____

Number of family members living at home and dependent upon parents/guardians for support:
(Including yourself and parents): _____

Number of brothers and sisters dependent upon your parents/guardians currently attending
institutions of higher learning? _____



Work Experience:

Employer	Dates To / From	Hours worked	Position	Supervisor

Indicate any plans regarding working while attending school next year: _____

List activities, organizations and leadership positions in school and/or community you have had the opportunity to be involved in:

<u>School:</u>	<u>Community:</u>
_____	_____
_____	_____
_____	_____

List hours of service, prizes and/or special recognition you have received in school and/or community:

<u>School:</u>	<u>Community:</u>
_____	_____
_____	_____
_____	_____

Make a statement of your education and career aspirations including the reason(s) why you have selected your course of study. Be sure to indicate what your plans are after you have completed your education: _____

Report any unusual family or personal circumstances you would like to bring to the attention of the Scholarship Committee: _____

Who is the most influential person in your life and why? _____



SCHOLARSHIP CHECK LIST:

STUDENT EVALUATION:

List one (1) current teacher and one (1) community member (non-relative) you will contact for a recommendation. (See attached "Student Evaluation" forms.)

1.) _____ 2.) _____

Give your teacher and community member a copy of the attached "Student Evaluation Form". Return the completed evaluation forms with your scholarship application form.

TRANSCRIPT: A transcript of grades including your high school ranking.

I (We) authorize _____ High School to release a transcript of grades to the Mid-Minnesota Builders Association Scholarship Committee.

I (We) agree to abide by the rules of the Mid-Minnesota Builders Association Scholarship Program as detailed/outlined on the scholarship criteria page.

Mail Application to: Mid-Minnesota Builders Association
17068 Commercial Park Road
Brainerd, MN 56401

Questions: Contact Colleen Faacks (Executive Officer)
Email: cmfaacks@brainerd.net Phone: (218) 829-4982

Name of person filling out the scholarship application: _____

Student Signature

Parent or Guardian Signature
(If student is under 18 years of age)

(Date application signed)



STUDENT APPRAISAL # 1: Teacher Evaluation Form

Student: _____

Teacher: _____ Class: _____

Phone: _____ Email: _____

Please comment on the following:

1. Classroom Participation:

_____	_____
_____	_____
_____	_____

2. Independent Study away from class:

_____	_____
_____	_____
_____	_____

3. Personal Responsibility:

_____	_____
_____	_____
_____	_____

4. Consideration of Others:

_____	_____
_____	_____

Tell us why you would recommend this student for a scholarship: _____

_____	_____
-------	-------

Additional Comments: _____

_____	_____
-------	-------

_____	_____
-------	-------

_____	_____
-------	-------

Signature

Date



STUDENT APPRAISAL # 2: Community Member Evaluation

Student: _____

Community Member Name: _____

Organization your represent: _____

Phone: _____ Email: _____

Please describe the involvement in community related activities or groups the student participated in. This includes community volunteering and/or service that is either formal or informal and is done in consultation with local nonprofit, governmental, youth groups and community-based organizations, as designed to improve the quality of life for community members.

1. How is the student involved in your organization?

2. Why would you recommend this student for a scholarship?

Additional Comments: _____

Signature

Date