



## 2019 SCHOLARSHIP APPLICATION

Completed scholarship applications are due to the MMBA office by Monday • April 15, 2019 @ 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: \_\_\_\_\_

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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: \_\_\_\_\_

_____	_____
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Additional Comments: \_\_\_\_\_

_____	_____
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_____	_____
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_____	_____
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## STUDENT APPRAISAL # 2: Community Member Evaluation

Student: \_\_\_\_\_

Community Member Name: \_\_\_\_\_

Organization your represent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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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