

**SCHOLARSHIP APPLICATION**

**2019 - 2020 Academic Year**

## **Please complete the following application and return to:**

## **M.R.M.A. Judy Mangos 221 N. Kenilworth Avenue Oak Park, IL 60302**

STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle Initial)

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City/State/Zip)

HOME TELEPHONE # (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL CLASS RANK (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_ out of \_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_ out of \_\_\_\_\_\_\_\_\_\_\_\_

PLANNING TO ATTEND:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAJOR AREA OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit a typed or legibly printed paragraph description on each of the following:**

1. Need for financial assistance 4. Outside interests, extracurricular activities

2. Reasons for deserving the scholarship 5. Career goals

3. Reasons for applying to the school you chose & area of studies 6. Share your understanding of MRMA and our

industry.

The winners are selected on the basis of addressing the above written answers.

**PLEASE SUBMIT YOUR OFFICIAL UNOPENED HIGH SCHOOL and/or COLLEGE TRANSCRIPT WITH THE COMPLETED APPLICATION (deductions are noted for incomplete applications).**

I recommend for consideration the above applicant.

Signature of Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Member Email (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEADLINE FOR SUBMISSION IS: January 31, 2019