**Student Enrollment Verification / Academic Achievement Form**

Please provide student enrollment information specific to the University, Community College, Trade School, or other institute of continued learning. Refer to the *Scholarship Criteria and Instructions* on the MISA website at [mymisa.org/student-scholarship](https://mymisa.org/student-scholarship). This will have the Essay Topics, and your instructions on what is needed to complete your entry.

Student Information

|  |  |
| --- | --- |
| Student Name | Student Identification Number  Click or tap here to enter ID No. |
| Address  Click or tap here to enter address. | Contact Phone Number  Click or tap here to enter phone. |
| Contact Email Address (Governmental or Educational Entity Preferred)  Click or tap here to enter email. | Cumulative Grade Point Average  Click or tap here to enter GPA. |

Educational Institution Information

|  |  |
| --- | --- |
| Institution Name  Click or tap here to school. | |
| Institution Address  Click or tap here to enter address. | |
| Institution Contact Name (Academic Advisor or Program Dean)  Click or tap here to enter contact. | Title (Academic Advisor or Program Dean)  Click or tap here to enter title. |
| Email Address (Academic Advisor or Program Dean)  Click or tap here to enter email. | Phone Number (Academic Advisor or Program Dean)  Click or tap here to enter phone. |
|  |  |
| **By signing this form, I hereby acknowledge the above information is correct and the listed student is currently enrolled at this institution.** | |
| Institution Signature | Date |
| **By signing this form, I hereby acknowledge the above information is correct** | |
| Student Signature | Date |

Please attach a copy of your current transcript (official and unofficial accepted). If you have not yet completed a full semester or term, attach a current course listing and a verification of classroom progress.

**Student Scholarship Supervisor Endorsement Form**

Please provide detail information concerning your Student Employee’s job duties and performance. Be sure to include comments that highlight the individual’s strengths as a valued team member.

To be completed by Immediate Supervisor

|  |  |
| --- | --- |
| Student Name  Click or tap here to enter name. | Student Position  Click or tap here to enter position. |
| Department/Agency  Click or tap here to enter text. | Name of Direct Supervisor  Click or tap here to enter supervisor. |
| Supervisor Title  Click or tap here to enter title. | Contact Phone Number  Click or tap here to enter phone. |

|  |
| --- |
| Description of Job Duties (attach additional materials, if necessary)  Click or tap here to enter text. |

|  |
| --- |
| Job Performance (attach additional materials, if necessary)  Click or tap here to enter text. |

**By signing this form, I hereby acknowledge that the work as described above is a factual accounting of the job duties and performance regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Student (Please Print)**

|  |  |
| --- | --- |
| Supervisor Signature | Date |
| Student Signature | Date |

**Student Scholarship Community Service Form**

Student Information

|  |  |
| --- | --- |
| Student Name  Click or tap here to enter name. | Contact Number  Click or tap here to enter number. |

Please provide details concerning your participation in community service or charitable event activities within the last 12 months. Remember, community service is work performed without pay or compensation for the benefit of a community or charitable organization.

|  |  |
| --- | --- |
| Department or Organization  Click or tap here to enter text. | Organization Contact Name  Click or tap here to enter contact. |
| Address of Organization  Click or tap here to enter address. | Contact Phone Number  Click or tap here to enter phone. |

Please provide a specific, detailed description of the work performed including the benefits to the community, qualifying organization, or specific individual(s). You may attach testimonials or other supporting documents to this form if applicable.

|  |
| --- |
| Total Hours Worked (minimum of 4 hours): Click or tap here to enter text. |
| Description of Work Performed (attach additional materials, if necessary)  Click or tap here to enter text. |

**By signing this form, I hereby acknowledge that the work as described above is a factual accounting of the job duties and performance regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Student (Please Print)**

|  |  |
| --- | --- |
| Supervisor Signature | Date |
| Student Signature | Date |