

# MOMA Scholarship Fund



Please print or type all information requested in this application. You may attach additional sheets if more space is needed.

You must have a GPA of no less than 3.0.

Along with this application, you are required to submit letters of personal reference from two (2) people unrelated to you.

**MOMA must receive your application by May 15 of the application year.**

Mail your completed application  
along with personal reference letters to:

**MOMA SCHOLARSHIP FUND  
P.O. Box 20001  
Bloomington, MN 55420**

# STUDENT'S INCOME & EXPENSES FOR ONE SCHOOL YEAR

State only amounts of which you are certain or can reasonably estimate. Do not include financial aid for which you are applying.

## Income

1. From Scholarships, fellowships, or tuition waivers \$ \_\_\_\_\_
  2. From your savings or investments \$ \_\_\_\_\_
  3. Earnings during school years \$ \_\_\_\_\_
  4. Earnings during summer \$ \_\_\_\_\_
  5. Earnings of spouse \$ \_\_\_\_\_
  6. Financial aid from parents \$ \_\_\_\_\_
  7. Loans (bank, school, government) \$ \_\_\_\_\_
  8. Other \$ \_\_\_\_\_
- Total** \$ \_\_\_\_\_

## Expenses

1. Tuition: Private \$ \_\_\_\_\_
  - In - State \$ \_\_\_\_\_
  - Out - of - State \$ \_\_\_\_\_
  2. Fees, books & supplies \$ \_\_\_\_\_
  3. Room & board at school \$ \_\_\_\_\_
  4. Rent, food & utilities off campus \$ \_\_\_\_\_
  5. Clothing, laundry, cleaning etc. \$ \_\_\_\_\_
  6. Other \$ \_\_\_\_\_
- Total** \$ \_\_\_\_\_

State whether you are eligible for reimbursement from any other source for any of the expenses to be incurred in participating in this educational program and, if so, the amount eligible for reimbursement.

\_\_\_\_\_

## Required Signatures

If you are claimed by your parents / guardians as a tax deduction, they must complete and sign the section below.

Number of dependent children attending college, including applicant? \_\_\_\_\_

Parent's / guardian's income:  Under \$20,000  \$20,000-\$30,000  \$30,000-\$40,000  Over \$40,000

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

State the amount of scholarship funds you are seeking and provide an estimated breakdown of how these funds will be spent.

\_\_\_\_\_

I agree to furnish **MOMA Education Fund** proof of course completion and grade point average. In making this application for the **MOMA Education Scholarship**. I certify that, to the best of my knowledge, the information contained in this application is complete and accurate.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

We are aware that this applicant is applying for a MOMA Scholarship and support this effort.

Signature of MOMA member verifying this application \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_





# GENERAL INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #'s (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

# EMPLOYMENT HISTORY

EMPLOYER	POSITION / DUTIES	DATES
1.		
2.		
3.		
4.		
5.		

# EDUCATION

You **MUST** include a transcript of your school records.

## High School Attended / Attending

Name \_\_\_\_\_

Date Graduated / Graduating \_\_\_\_\_ GPA \_\_\_\_\_

## College / Vocational School Attending

Name \_\_\_\_\_

Degree / Major \_\_\_\_\_

Years Attended \_\_\_\_\_ GPA \_\_\_\_\_

I will be a:  Freshman  Sophomore  3rd Year  4th Year  Grad Student