

MOMA Scholarship Fund



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

REMEMBER:

- You must have a GPA of 3.0 or above and you must include a school transcript.
- Along with this application, you are required to submit letters of personal reference from two (2) people unrelated to you.
- Make sure you have a signature of the MOMA member who is verifying this application and your affiliation with their company.

**MOMA must receive all of the required information listed above
by June 1st of the application year.**

Mail your completed application
along with personal reference letters to:

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

GENERAL INFORMATION

Last Name _____ First _____ Middle _____

Home Address _____

City _____ State _____ Zip Code _____

Mobile Phone _____ Date of Birth _____

Email Address _____

EMPLOYMENT HISTORY

EMPLOYER	POSITION / DUTIES	DATES

EDUCATION

You **MUST** include a transcript of your school records with this application.

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 Junior Senior Grad Student

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. **(MUST BE SIGNED BELOW!)**

Signature of MOMA Member verifying this application _____

Company _____

Address _____

Date _____

