

**MHMS Chicagoland**



**2024-2025 Scholarship**

# MHMS SCHOLARSHIP APPLICATON

Must be a resident of Illinois.

Students who have already received a scholarship from MHMSChicagoland.org are not eligible.

**Please print legibly**: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Scholastic Information

High School/Trade School/College Years Attended Year Graduated

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Year in College 24/25 School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Major/Area of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extracurricular Activities/Awards/ Memberships/ Community Service (civic and professional):

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Essay

Attach a double-spaced 1-page essay addressing the following questions:

* Why are you interested in pursuing a career in material handling?
* How will this scholarship help you achieve your educational and professional goals?
* Describe any specific skills or experiences that make you a strong candidate for this scholarship.
* What are your career aspirations in the material handling industry?

Attachments Reminder: The following attachments must accompany your scholarship application:

* Unofficial Grade Transcript
* Essay
* Application

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I have read the scholarship guidelines, completed the above scholarship application with attachments and certify that I qualify for scholarship award consideration. By agreeing, you will also be giving MHMS permission to display your image on our website for marketing purposes.

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Signature Date

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## For MMHS Scholarship Committee Use Only

Received by MHMS Scholarship Committee:

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Committee Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Member Date

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Committee Member Date