

Massachusetts Vending Association

Scholarship Fund

Application



Please PRINT or TYPE all entries. Attach additional sheets if more space is needed. Applicants are encouraged to submit answers to questions on the last page as a word document (or similar). Completed applications must be received before May 31. Deliver via US mail, fax or scan & email to:

MVA Scholarship Fund
C/O RM Foley Inc
180 Kerry Place
Norwood, MA 02062

Voice-781-551-0711

Fax-781-762-6088

Email-steve@foleyfoodservice.com

Applicant Information

Last Name _____ First _____ Middle Initial _____ Phone _____
Home Address _____ City _____ State _____ Zip _____
Email Address _____ Date of Birth _____ Marital Status Single Married # Dependents _____

- Applicants must plan to be a full-time student at an accredited institution of undergraduate higher education.
- A panel of educators independent of the vending industry or the Massachusetts Vending Association will score each application using consistent scoring metrics. Please be aware that any sections left blank or incomplete may be scored at zero points for that section.
- This application will not be **academic grade report** and **signed by an officer** of the MVA member company.

academic grade report and **signed by an**

For MVA Scholarship Fund Committee Use Only:	<input type="checkbox"/> Signed By Applicant	<input type="checkbox"/> Grades Included	<input type="checkbox"/> Master App Done
Date Received _____	<input type="checkbox"/> Signed By Parent <input type="checkbox"/> -N/R	<input type="checkbox"/> MVA Member Co in good Standing	<input type="checkbox"/> Accounting Done
Initial _____	<input type="checkbox"/> Signed By MVA Member		

Employment

List employers for the last 5 years beginning with your present or most recent employer

Employer	Position/Duties	Salary	Hours/Month	# Months	Total hours per year

Education

I presently attend: High School Junior or Community College Senior College Vocational School

Name of School _____

City, State, Zip _____

Next fall term I will be attending: Junior of Community College Senior College Vocational School

I will be a: Freshman Sophomore Junior Senior

My college will be _____ College Website _____

City, State, Zip _____

High School Attended

Name of School _____

Date Graduated _____ Grade Point Average _____

College Attended

Name of School _____

Degree Major _____

Years Attended _____ Grade Point Average _____

List any academic honors you have achieved

Date or Period	Description of Academic Honor

IMPORTANT-Please note that this application will not be eligible un **academic grade report** AND **signed by an officer** of the MVA member company.

Student's Income & Expense 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 year \$ _____
 - 4. Earnings during summer \$ _____
 - 5. Earnings of spouse \$ _____
 - 6. Financial aid from parents \$ _____
 - 7. Loans (banks, 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 \$ _____
 - 6. Other _____ \$ _____
 - 7. 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:

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

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?

Parents/Guardians Income: Under \$30,000 \$30,000-\$50,000 \$50,000-\$75,000 over \$75,000

(Print) Parent or Guardian Name _____ Email Address _____
 Parent or Guardian Signature _____ Not required-Applicant not claimed as deduction on parent/guardian tax return

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

Signature of Applicant _____ Date _____

I am aware that this applicant is applying for the MVA Scholarship and verify eligibility.

The parent of this applicant is a correct, legal employee of the MVA member company designated below.

MVA Member Company Name _____

Signature of verifying MVA Member company officer, Manager or representative _____ **Required for eligibility**

Officer name printed _____

Email Address _____

Activities

List your past or current community or extracurricular activities:

Date or Period	Activity	Hrs/ Month	# Months	Total Hours Per Year

List any offices or leadership positions you have held:

Date Or Period	Description

Educational Program

Describe the educational program for which you are seeking this scholarship, including the name of the institution or organization sponsoring the program, the subject matter or area of study, how long it will take to complete, the cost of the program and whether any degree will be awarded upon completion. Please attach any printed material describing the program or the sponsoring institution or organization.

Explain your reasons for applying for this scholarship and why you believe it should be awarded to you.

What are your career goals for the first five years after earning your degree?
