

# 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 pdf (emailed pdfs are preferred). **Picture formats (jpeg, etc.) will not be accepted.** Send to:

MVA Scholarship Fund  
 c/o RM Foley Inc  
 180A Kerry Place  
 Norwood MA 02062

Voice – 781-551-0711 Fax – 781-762-6088 Email – [stevef@foleyfoodservice.com](mailto:stevef@foleyfoodservice.com)

### Applicant Information

Last Name			First	Middle initial	Phone	Date
Home Address		City	State	Zip		
Email Address		Date of Birth	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	# of Dependents	

- Applicants must plan to be a full-time student at an accredited institution of undergraduate higher education. This scholarship is not available for graduate programs.
- 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 eligible unless it includes the applicant's most recent **academic grade report** AND is **signed by a representative** of the MVA member company.

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



## 🔗 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 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.

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

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## 🔗 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 \$50,000                       \$50,000 - \$70,000                       \$70,000 - \$95,000                       over \$95,000

(Print) Parent or Guardian Name \_\_\_\_\_ Email address \_\_\_\_\_

Parent or Guardian Signature **x** \_\_\_\_\_  Not required - Applicant not claimed as deduction on parent/guardians 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: **x** \_\_\_\_\_ Date \_\_\_\_\_

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

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

MVA Member Company Name \_\_\_\_\_

Signature of verifying MVA member company officer, manager or representative **x** \_\_\_\_\_ ◀ Required for eligibility

Verifying name printed \_\_\_\_\_ Date \_\_\_\_\_

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

Activities

List your past or current community or extracurricular activities:

Table with columns: date or period, activity, hrs / month, # months, total hours per year. Includes a bulleted list of activity entries.

List any offices or leadership positions you have held:

Table with columns: date or period, description. Includes a bulleted list of leadership positions.

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.

Multiple horizontal lines for writing the description of the educational program.

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

Multiple horizontal lines for writing reasons for applying for the scholarship.

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

Multiple horizontal lines for writing career goals.