**Please return completed form to the Guidance Counselor by April 1.**

**MADISON AREA BUSINESS ASSOCIATION**

Scholarship Application

**Please compete this using the form that is provided for you on the computer.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of college or post-secondary you are planning to attend.

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

Planned Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. List organizations and activities you participated in during high school and list any awards you received.
2. List three goals that you would like to achieve in the next 10 years.

1.

2.

3.

1. Have you been awarded any other scholarships? Yes No
2. GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Get both of the above numbers from your guidance counselor.)

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

Guidance Counselor Signature

1. Write a brief statement explaining why this scholarship would be helpful to you.

**(Please complete #6 using a computer and attach to the back of this form.)**

**Information for applicants**

**There will be 2 scholarships presented, both for $350.00 each.**

 The winner of this scholarship will have until December 1, 2022 to submit proof of enrollment in a college, university or a post-secondary trade school. This can be a class schedule with the school name and your name printed on it or any form that shows that you have enrolled. This must be something to show proof of enrollment, not a letter of acceptance.

 If the recipient **does not** show proof of enrollment by the above date then the scholarship will go to the first alternate recipient that will be named at the annual awards banquet. The student named as first alternate will then have until January 1, 2021 to present proof of enrollment to receive the scholarship.

Please send your **proof of enrollment** to Madison Area Business Association, P.O. Box 6, Madison, MO 65263.