



**MSA SCHOLARSHIP APPLICATION FORM
VIA EMAIL TO ASKAZMSA@GMAIL.COM**

APPLICANT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

NIGHT TELEPHONE: _____ DAY _____

EMAIL ADDRESS: (required for class) _____

LAST SCHOOL ATTENDED: _____

CITY/STATE: _____

HIGH SCHOOL (GED;OR COLLEGE) : _____ YEAR GRADUATED _____

COLLEGE/INSTITUE ATTENDING: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

NO. OF UNITS ENROLLED IN: _____ MAJOR: _____ GPA _____

SUPERVISOR: _____

SUPERVISOR DAY PHONE _____

SPONSORING CHAPTER: _____ ARIZONA _____

I understand that all information will remain confidential. If awarded a scholarship, MSA has my permission to publicize the award and my picture to the news media, in the Chapter minutes, Chapter Newsletter and/or school newspaper with due credit to the sponsoring MSA Chapter and/or Association.

Applicant Signature: _____ Date _____

I have enclosed:

- Letters of Recommendation from work supervisor
- Personal Statement as to why you want the scholarship

AZ MSA BOARD ACTION

ACCEPTED _____ REJECTED _____ DATE _____