

# STUDENT SCHOLARSHIP APPLICATION

1. Please print clearly the following information. Turn in completed application, with all applicable signatures, and return to the address indicated. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Please complete one application for each scholarship.
3. Please submit a new application each semester or as required by scholarship criteria.
4. MCATA may require an attached written statement describing educational goals and other relevant information (see specific scholarship criteria).
5. Must be a child or grandchild of a MCATA member or associate member.

## Personal Information

Members Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

## Academic Information

College: \_\_\_\_\_

Semester for which application is being made (Term and Year): \_\_\_\_\_

Credit Hours Earned to Date: \_\_\_\_\_ Intended Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Credit hours to be taken during semester for which scholarship is awarded: \_\_\_\_\_

Type of Scholarship: Academic \_\_\_\_\_ Trade \_\_\_\_\_

\_\_\_\_\_  
Initial I release M.C.A.T.A. the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the M.C.A.T.A.

\_\_\_\_\_  
Initial I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the M.C.A.T.A. , the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Educational opportunities are offered by M.C.A.T.A. without regard to race, color, age, national origin, religion, sex, disability or sexual orientation.

The form must be received by MCATA by 15 August  
for the committee to consider prior to the reunion  
Remit completed Application to:

M.C.A.T.A. Scholarship Program  
P.O. Box 1134  
Millington, Tn 38083