

MERCEDES ASSOCIATION FOR SCHOOL NUTRITION SCHOLARSHIP APPLICATION FORM

All information must be completed on this form for the application to be eligible for a scholarship award.

Applications received after the deadline will be disqualified.

DEADLINE: MAY 8

ELIGIBILITY CRITERIA- Failure to submit required documentation disqualifies the application and will not be considered.

Letters of Reference:

Two (2) separate letters of reference from NON-RELATIVES must be attached to this application.

1. One letter ***must*** be from a **school official** (teacher, principal, etc...)
2. Second letter ***must*** be from a **community representative** (neighbor, pastor, scout leader, etc).

Both letters should indicate the nature of the relationship.

Time Line:

Scholarship money must be used for courses taken between June of the award year and May of the following year.

Requirements for eligibility:

1. MISD Graduating Senior
2. Minimum 2.5 GPA; weighted (***must provide official transcript***)
4. Been accepted to a 2 or a 4-year college or university (***provide copy of acceptance letter***)

Name: _____

Mailing Address: _____ **City, Zip** _____

Parents' Name _____

Are either of your parents employed by MISD Child Nutrition Services? _____ **If so, list name.** _____

HONORS OR AWARDS EARNED (SCHOOL AND COMMUNITY)	
1	
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6	
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8	
9	
10	
11	
12	

ORGANIZATIONS AND/OR OFFICES HELD (SCHOOL AND COMMUNITY)	
1	
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6	
7	
8	
<u>9</u>	
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11	
12	

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SCHOLARSHIP APPLICATION FORM**

Using the space below, or on a separate sheet, write a 150-200-word essay based on ONE of the following prompts.

1. Describe a character trait that is important to you.
2. What and where do you plan to study and why?
3. Who has had the greatest influence in your life and why?

Applicant Signature: _____

Date: _____

