

# Scholarship Application



## Instructions

- Apply to MAC* Please complete the **MAC Application for Admission**  
(Scholarship award offers will be sent to students' **MAC email addresses.**)
- Essay* Please attach a **one-page, typewritten essay** outlining your educational goals to this application.
- Return to* Please complete the entire application (both front and back), sign/date and return to the Financial Aid Office at Mineral Area College, P.O. Box 1000, Park Hills, MO 63601.
- Deadline* To be considered in the priority scholarship award process, the application and required documentation must be postmarked no later than **February 1<sup>st</sup>**.

## Basic Information

Name

Last 4 Digits of SSN

\_\_\_\_\_  
Last First M.I.

MAC Email

\_\_\_\_\_  
@Mineralarea.edu

Date of Birth

Gender

In what public school district do you reside?

\_\_\_\_\_  
 Male  Female

Do you have a high school diploma?  Yes  No

If you are still attending high school, what is your expected high school graduation date? \_\_\_\_\_

Do you have a GED/HISET Certificate?  Yes  No If yes, what was your composite GED/HISET score? \_\_\_\_\_

What do you plan to major in at Mineral Area College? \_\_\_\_\_

When do you expect to graduate from Mineral Area College? \_\_\_\_\_  
Semester Year

## High School Counselor Certification (For High School Students Only)

This applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ as of the date of this application.

Their cumulative grade point average is \_\_\_\_\_ on a \_\_\_\_\_ point scale.

Composite ACT Score is \_\_\_\_\_ (if available).

Counselor Signature: \_\_\_\_\_

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## School and Community

School and/or community activities that you have participated in, including the dates of activities

Activity

Dates

_____	_____
_____	_____
_____	_____
_____	_____

## Awards and Honors

Awards and honors received, including the dates received

Awards/Honors Received

Dates

_____	_____
_____	_____

## Parents

Names of parents and their current employers (for high school students only)

Names

Employers

_____	_____
_____	_____

## Special Circumstances

Please indicate financial/medical/employment or other conditions that may exist in your family which may affect your ability to pay for college

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Signature

I certify that the information that I have provided on this application is true, complete and correct to the best of my knowledge. I am, by my signature, authorizing the release of my grade point average and other pertinent information regarding my educational plans to scholarship sponsors at the discretion of the Financial Aid Director for purposes of evaluating scholarship applicants.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature

Mineral Area College complies with guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the registration/education process, notify us at the address or telephone number above as soon as possible. Reasonable efforts will be made to accommodate your special needs. Deaf or speech impaired callers please use Relay Missouri: 1-800-735-2966.

Mineral Area College does not discriminate on the basis of race, color, national origin, gender, disability, age, religion, creed, or marital or parental status. For more information call the Title VI, Title IX, Section 504 and ADA Coordinator at (573) 431-4593 or U. S. Department of Education, Office of Civil Rights.