



MID-FL REGIONAL MANUFACTURERS ASSOCIATION SCHOLARSHIP APPLICATION

| ► Application | deadline is: <u>June 1</u> | | | | | | |
|---|--|---|-----------------------|-------------------------------|-----------------------------|-------------------|----------|
| CF Student ID N | o.: | | | | | | |
| Legal Name: | | | | | | | |
| Birth Date: | Last | First | | | Middle (complete) | Jr. etc | c. |
| N | MM/DD/YY | - | | | | | |
| Mailing Address | 3: | | | | | | |
| | Street/P.O. Box | (| City | County | State | Zip (| Code |
| Telephone No.: | | Email: _ | | | | | |
| High School: | | | | | | | |
| _ | Name | | City | | County | Stat | ie. |
| Anticipated or d | ate of high school gradu | ation or award | of GED: | : | | GPA: | |
| _ | | | | | MM/YY | | |
| If currently a stu | dent at CF credit hours | completed: | | GPA: | | | |
| If yes, member to Complete the for List any State you | loyee or a relative of a m name: | eet of paper an extracurricular er goals. | d attach activitie | it to this apples in which yo | ication: u have particip | oated. | |
| | why you should be the i | recipient of a sc | noiarsm | as related to | your educano | nai and caree | r goais. |
| 2. Enroll at 0 3. Complete 4. Submit co I hereby authorize involved in the se | this application and atta CF no later than July 1 a FAFSA no later than J empleted application no e CF to release this application of scholarship reci | July 15 later than June | e 1 evant sup | porting acader | nic or financial a | uid reports to po | |
| donor for the sch | olarship duration. | | | | | | |
| Student Signature | | | | Date: N | IM/DD/YY | | |

Submit application to: MRMA

3001 S.W. College Road, PMB No. 1

Ocala, FL 34474-4415

Fax: (352) 873-7910 <u>Attention MRMA</u> Email: <u>Director@MRMAFL.com</u>