

## **APPLICATION INSTRUCTIONS FOR THE MINNESOTA BENEFIT ASSOCIATION SCHOLARSHIP AWARD PROGRAM**

Thank you for requesting an application for the 2017 Minnesota Benefit Association Scholarship Program. This is a competitive program open to public employees or elected officials or their family members in the State of Minnesota. You are invited to submit your application for consideration. Please **carefully** follow **all** of the instructions below. Winners will be notified in May 2017.

### **INSTRUCTIONS**

1. Please answer every question on the Scholarship Application Form. If an item does not apply to you, enter "NA" in the applicable space. If you are chosen as a finalist, you may be asked to submit a copy of your 2015 IRS Form 1040. We also may ask for a copy of your parents' 2015 IRS Form 1040. Do **NOT** include any IRS forms with this application.
2. Your application must be postmarked no later than April 15, 2017 in order to be included in this year's program.
3. Applications will be judged on the basis of academic achievement, financial need, original essay, vocational goals, and community involvement. Winners will be asked to submit a picture to be used in future Scholarship materials for the Minnesota Benefit Association.

### **APPLICATION CHECKLIST**

*Please submit all of the following items with your application:*

1. Your completed Scholarship Application Form, plus a separate sheet with your answer to Question 13.
2. Grade transcript showing most recent grades earned (GPA). If you are already in college or other post secondary institution, also submit a copy of your high school transcript.
3. Scores of your most recent ACT or SAT tests certified by your registrar, counselor or principal. If such test scores are recorded on your transcript, have the certifying officer circle and initial them.
4. A typewritten essay of 300 - 500 words on the following topic: **The Minnesota Legislature passes a number of bills every year at the State Capitol in Saint Paul. Think about some of the new laws from the past few years. Pick one law that you particularly agree or disagree with and explain your views and arguments.**

*Note: If any of the above materials are being mailed separately, please include a note to that effect with your application form.*

**MAIL COMPLETED MATERIALS TO:**

**Minnesota Benefit Association  
ATTN: Scholarship Committee  
6701 Upper Afton Road  
Woodbury, MN 55125**



**MINNESOTA BENEFIT ASSOCIATION  
2017 SCHOLARSHIP AWARDS PROGRAM**

**SCHOLARSHIP APPLICATION FORM**

Please complete this form. If an item does not apply to you, please enter "NA" in the applicable space.

1. NAME OF APPLICANT \_\_\_\_\_ **MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_  
(Last) (First) (Middle)
2. ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)
3. HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ 4. DATE OF BIRTH \_\_\_\_\_
5. HIGH SCHOOL ATTENDED \_\_\_\_\_ CITY \_\_\_\_\_
6. GRADUATION DATE \_\_\_\_\_ 7. PRINCIPAL'S NAME \_\_\_\_\_

**8. FAMILY INFORMATION: (for dependent applicants age 23 and younger)**

PARENT'S MARITAL STATUS (Please check) \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single

Father: Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

Mother: Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

Step Parent or Guardian: Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

Number of Brothers and/or Sisters: \_\_\_\_\_ Number of Children, including you, now living at home: \_\_\_\_\_

Do you or your parents have a physical disability that affects your ability to attend or fund your higher education? \_\_\_\_\_  
If so, please describe \_\_\_\_\_

**9. FAMILY INFORMATION: (for independent applicants age 24 and older)**

MARITAL STATUS (Please check) \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single

SELF: Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

SPOUSE: Name \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

Number of Children: \_\_\_\_\_ Number of Children now living at home: \_\_\_\_\_

Do you or your children have a physical disability that affects your ability to attend or fund your higher education? \_\_\_\_\_  
If so, please describe \_\_\_\_\_

**10. PUBLIC EMPLOYMENT INFORMATION:** List all current or retired public employees in your family.

<i>NAME</i>	<i>RELATIONSHIP TO YOU</i>	<i>POSITION OR OFFICE</i>	<i>EMPLOYER</i>

**11. APPLICANTS EMPLOYMENT HISTORY:** \_\_\_\_\_

**12. COMMUNITY INVOLVEMENT** (2 parts)

**a. EXTRA-CURRICULAR ACTIVITIES:** \_\_\_\_\_

**b. VOLUNTEER WORK:** \_\_\_\_\_

**13. VOCATIONAL GOAL:** On a separate sheet of paper (100 words maximum) describe how you plan to use your education to further your career goals.

**14. EDUCATIONAL INFORMATION:** (Follow special instructions)

**Questions for High School Students Only:**

- A. What school do you plan to attend? \_\_\_\_\_
- B. School location \_\_\_\_\_
- C. (*Please check*) I am accepted for enrollment \_\_\_\_\_ I am enrolled \_\_\_\_\_
- D. Major course of study \_\_\_\_\_ Minor \_\_\_\_\_

**Questions for Post-Secondary Students Only:**

- A. Name of institution you are now attending \_\_\_\_\_
- B. School location \_\_\_\_\_
- C. Number of quarters or semesters completed \_\_\_\_\_
- D. Major course of study \_\_\_\_\_ Minor \_\_\_\_\_
- E. Please check one \_\_\_\_\_ Full-Time Student \_\_\_\_\_ Part-Time Student.
- F. Are you registered for the next term? \_\_\_\_\_
- G. Will you be attending the Same School? \_\_\_\_\_ If no, please provide the name and location of the school where you are registered to attend: \_\_\_\_\_

**All Applicants Must Answer the Following Questions:**

- A. Estimated costs of your post-secondary education for the coming year:  
Tuition \_\_\_\_\_ Room/Board \_\_\_\_\_ Other \_\_\_\_\_ = TOTAL \_\_\_\_\_
- B. Number of other family members who will be attending a post-secondary school this coming year: \_\_\_\_\_
- C. Amount of family support for other family post-secondary student(s): \_\_\_\_\_

**15. FAMILY INCOME INFORMATION:** *Complete applicable income information. Students age 23 and under must include both parents' income. Please also include support/income from non-custodial parent. Final income verification will be requested from the winner(s) prior to distribution of the award(s). Do NOT include any IRS forms with this application.*

	Father	Mother	Step Parent or Guardian <i>if applicable</i>	Yourself	Spouse <i>if applicable</i>	Total
2015 Adjusted Gross Income (from Line 37 – 2015 Form 1040)	\$	\$	\$	\$	\$	\$
2015 Taxable Income (from Line 43 – 2015 Form 1040)	\$	\$	\$	\$	\$	\$

**16. INCOME AVAILABLE TO MEET YOUR EXPENSES FOR FINANCIAL AID PERIOD:**

Personal Funds (Cash, Savings, Etc.)	\$
Private Loans	\$
Total Summer Earnings \$	
Amount to be Applied Toward School Expenses	\$
Earnings While in School (Exclude College Work-Study)	\$
Parental Support	\$
Non-Custodial Parental Support ( <i>if applicable</i> )	\$
Spouse Support ( <i>if applicable</i> )	\$
Scholarships Received (Name Source(s))	\$
	\$
Veterans /War Orphans Benefits	\$
Welfare Benefits	\$
Social Security Benefits	\$
Other Income (DVR, BIA, CETA, Migrant Oppty, Etc.)	\$
<b>TOTAL INCOME AVAILABLE TO YOU</b>	<b>\$</b>

**17. OTHER FINANCIAL AID:** Please summarize any other efforts and/or applications you are making to meet your financial needs. What is your overall plan?

**18. CERTIFICATION:** All of the above information is true and complete to the best of my knowledge, and I agree to provide verification, if requested. If chosen as a winner, I understand that I will need to provide my social security number for the purpose of school enrollment verification only. I also agree that MBA may use my name and my photograph, which I will provide if I am selected as one of the scholarship recipients and that I waive all claims for compensation in any form for any such use.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
(If applicant is under age 18)