

APPLICATION FORM FOR MGSHPA SCHOLARSHIP
Deadline: June 15

I hereby apply for the MGSHPA post-high school scholarship.

NAME _____ NHPA/MGSHPA # _____

ADDRESS _____

CITY, STATE, and ZIP _____

LAST GRADE COMPLETED _____ GRADE POINT AVERAGE _____

Statement of need: (*Attach separate page if necessary*)

Intended course of study: _____

Previous education: (*list Certificates or Degrees received*) _____

*To the best of my knowledge the above information is true and accurate, and intended to give the selection committee the necessary information to grant the scholarship to the most worthy applicant.
I understand that falsification or omission of information will disqualify me for this scholarship and future scholarships offered by the MGSHPA.*

APPLICANT'S SIGNATURE _____ DATE _____
(Deadline June 15th)

PARENT(S) NAME(S) _____