

# MAC Education Scholarship Application

\* Indicates required question

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1. Today's Date \*

\_\_\_\_\_  
*Example: January 7, 2019*

2. Parent(s)/Guardian(s) Name \*

\_\_\_\_\_

3. Address \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Phone Number \*

\_\_\_\_\_

5. Email Address \*

\_\_\_\_\_

6. Student Name \*

\_\_\_\_\_

7. Student DOB \*

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*Example: January 7, 2019*

8. Grade in School \*

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Section 2

9. Class(es) for which you are applying. Please include title of class and dates of class): \*

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10. Does your family qualify for or participate in the federal USDA school lunch program? \*

*Mark only one oval.*

Yes

No

Unsure

11. If your answer was "Yes" please select one of the following:

*Mark only one oval.*

Reduced Lunch

Free Lunch

Unsure

12. Is there a member of the military in your immediate family? \*

*Mark only one oval.*

Yes

No

If you answered yes to either of the questions above, you automatically qualify for a scholarship! You can skip the next section and submit your application.

**Additional qualifying questions**

If you answered "No" to the questions in the previous section, please fill out the following questions.

13. Please explain your special circumstances or needs.

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14. Please explain how this scholarship would benefit your family.

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15. Please indicate what type of payment plan would be helpful.

*Mark only one oval.*

2 payments

3 payments

4 payments

16. How much of the class fee do you think you can afford to pay?

*Mark only one oval.*

1 2 3 4 5 6 7 8 9

0%          100%

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