

(Application Form)

MMBA SCHOLARSHIP

1. Full Name _____
2. Address _____
3. Date and Place of Birth _____
4. High School Attended _____
5. Dates of Attendance _____
6. On a Separate Sheet, List High School Subjects You Have Taken and Grades.
7. How Many Students in Your Graduating Class? _____
8. Your Rank in the Class _____
9. Your MSAT _____percentile
10. Your ACT _____percentile
11. Your Extracurricular Activities _____

12. Give Names and Ages of All Members of Your Family:
Father _____Mother _____
Brother and Sisters _____
13. Gross Family Income of Father \$ _____Mother \$ _____
Occupation of Father _____Mother _____
Name of Liquor Facility & City _____
14. Length of Time Liquor Facility Employee Has Worked at Current Position? _____
15. Current Consecutive Length of Time Parent Has Worked in a Municipal Liquor Facility? _____
16. Is Parent an Eligible Liquor Facility Manager,
Full-Time Employee or Permanent Part-Time Employee? _____
17. Liquor Store Manager Must Verify Full or Permanent Part-Time Employees Work Eligibility by
Signing Here: _____
18. What Do You Plan on Studying in College? _____

Why? _____
19. Do You PPlan to Work This Summer? _____Where? _____
20. Are you getting other Scholarships? If yes, how much? _____

Minnesota Municipal Beverage Association, Box 32966, Minneapolis, Minnesota 55432

All Information Subject To Verification.