

MUTA SCHOLARSHIP APPLICATION

Name of Applicant _____ Date _____

Address _____

Dependent of a member of the Marysville Unified Teachers' Association? Yes ___ No ___

Name of Parent/Guardian who is a MUTA member _____

High School attended _____

Graduation date _____ Number of years attended _____

Colleges applied to _____

Accepted _____ Date you will enter college _____

Degree goal _____ Major field of study _____

Attachment checklist (all parts must be included to be considered):

1. Personal statement or autobiography (one to two pages)
2. Two letters of recommendation
3. Official transcript, including Fall semester of senior year
4. Activities/Awards sheet

Scholarships for which you are applying _____

(Johnson Memorial, MUTA Dependent, MUTA Scholarship)

The recipient of this scholarship must submit proof of matriculation as a full-time student (12 units minimum) at college or an advanced educational institution before any award will be made. The scholarship must be used within the academic year which follows the award.

I hereby make application for scholarship assistance, the proceeds of which would be used for the necessary expense of continuing my education. The information, which I submit, is correct to the best of my knowledge.

Signature of applicant _____

Signature of parent or guardian _____