

APPLICATION INSTRUCTIONS FOR THE MINNESOTA BENEFIT ASSOCIATION SCHOLARSHIP AWARD PROGRAM

Thank you for requesting an application for the 2024 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 2024.

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 2022 IRS Form 1040. We also may ask for a copy of your parents' 2022 IRS Form 1040. Do **NOT** include any IRS forms with this application.

2. Your application must be postmarked no later than April 15, 2024 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
2024 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.

NAME ***RELATIONSHIP TO YOU*** ***POSITION OR OFFICE*** ***EMPLOYER***

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): _____

