



Mounds-Midway Alumni Association (MMAA)

Scholarship Application

NAME: Last _____ First _____ Maiden _____

E-MAIL _____

ADDRESS _____

City _____ State _____ Zip _____

TELEPHONE : (_____) _____ CELL (_____) _____

MOUNDS-MIDWAY YEAR OF GRADUATION: _____

IF NOT AN ALUMNUS, RELATIONSHIP TO MMSN ALUMNUS: _____

NAME OF ALUMNUS: Last _____, First _____

Maiden Name _____ Year of graduation _____

ADDITIONAL EDUCATION _____

CURRENT EMPLOYMENT _____

APPLICATION FOR (Please Check):

\$1000 Scholarship _____

Parish Nurse Program _____

PLEASE PROVIDED THE FOLLOWING INFORMATION:

1. Describe Community Services/Activities in which you have participated, either currently or in the past. _____

2. Describe any personal circumstances that may be important and/or impact our decision making. _____

3. Are you currently enrolled or been accepted into the College/University you plan to attend in furthering your education? _____

4. Please describe your goals for further education. _____

5. As a recipient of a Scholarship, we would like to introduce you during our May MMAA Luncheon. Do you plan to attend? Yes ____ No ____

6. Awards are paid directly to the college, university, or Parish Nurse Program. Please include the following information:
 Name of School _____
 Address of School _____

 Contact person to whom the funds will be sent _____
 Student ID Number _____

APPLICANT SIGNATURE _____ DATE _____

PLEASE RETURN THIS APPLICATION NO LATER THAN MARCH 1 FOR THE CURRENT YEAR OF APPLICATION.

Applications will not be considered after this date.

MAIL COMPLETED APPLICATION TO:

**Mounds-Midway Alumni Association, HealthEast Midway Campus, 1700 University Ave.
 St. Paul, MN 55104**