



# 2024 MDFC Scholarship Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ School ID # \_\_\_\_\_

### CONNECTION TO DONATION

Donor Family Donor / Relationship \_\_\_\_\_  Living Donor / Relationship \_\_\_\_\_  Advocate

### HIGH SCHOOL INFORMATION (If currently in High School)

School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### COLLEGE / UNIVERSITY / VOCATIONAL / TECHNICAL SCHOOL INFORMATION

(Name of College/University/Vocational/Technical School you plan on attending. No abbreviations.)

Name of School \_\_\_\_\_  
NO ABBREVIATIONS  
CITY STATE ZIP

#### DEGREE SOUGHT:

- Bachelor
- Associate
- Certificate
- Other

Major / Course Study \_\_\_\_\_

### WORK EXPERIENCE, ACTIVITIES, AWARDS AND HONORS

(Describe your work experience during the past four years: food service, babysitting, office work, etc.)

Employer \_\_\_\_\_ Mo/Yr \_\_\_\_ / \_\_\_\_

Activities, Volunteer Work, Awards and Honors

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### CERTIFICATION & PUBLICATION AUTHORIZATION

The MDFC is solely responsible for selecting recipients based on criteria outlined in the program's description.

I certify that I meet the program's eligibility requirements as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any scholarship awarded.

I authorize the MDFC and their designees to publish my name as a winner of the MDFC Scholarship Program in their social media and other publications.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_