



2023 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

Major / Course Study _____

DEGREE SOUGHT:

- ☐ Bachelor
☐ Associate
☐ Certificate
☐ Other

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

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 _____