

MAFTO SCHOLARSHIP INFORMATION

Eligibility Requirements

You must be a member of the Mid Atlantic Food Trades Organization for one year. Or, you are the child/stepchild or grandchild of a qualified MAFTO member. AND, you will be a full-time college student.

Deadline

Applications and all required materials must be received by August 31. Recipients will be announced in November. Applications should be mailed to: MAFTO. 293 Tulip Tree Ct. Blue Bell, PA 19422.

The MAFTO Scholarships are awarded without discrimination on the basis of race, color, religion, national or ethnic origin, handicap, or sex. Winners will be selected by the MAFTO Scholarship Committee based on academic success, overall excellence of character and potential for community contributions and leadership. Scholarships will be paid directly to the schools that the recipients attend. Applicants agree to accept the MAFTO Scholarship Committees decision as final.

PAGE 1 - Applicants Information

Please provide the following information:

Last Name _____ First Name _____ Middle Int _____

High School currently attending _____

Date of Graduation _____

Home Address _____

City _____ County _____

State _____ Home Phone Number _____

Zip Code _____ Date of Birth _____

High School Address _____

City _____ State _____ Zip Code _____

Phone Number _____

High School extra-curricular or out of school personal activities:

| Activity | Dates-Mo/Yr. | Hrs. per wk. | Wks. Per yr. |
|----------|--------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

College/University attending in Spring. (if applications pending, list schools applied to)

PAGE 3 - Eligibility Status

Please provide the following information:

Qualified MAFTO Member
for more than one year

Name of member or company:

Address: _____

Phone: _____ Fax: _____

Date of Hire at Company: _____

Child/Stepchild/Grandchild
of Qualified
MAFTO Member)

Name of member or company:

Address: _____

Phone: _____ Fax: _____

Date of Hire at Company: _____

Additional Instructions

All information must be sent together in one envelope. The following documents must be received by August 31. Please remember to include the following:

- High School Guidance Counselor/Principal Recommendation form.
- A school transcript, which includes SAT score.
- Personal Essay.
- Applicant's Employer Letter of Recommendation.

MAFTO Scholarship

Personal Essay

Use this sheet or a separate sheet to write a personal essay to explain who has been the most influential person in your life so far. Please tell us how this person has affected your life. Your essay should be typed and should not exceed 250 words.

PAGE 5 - High School Counselor/Principal Form/College

Applicant: Give this form to your guidance counselor or principal. Ask him or her to complete the form. Have the guidance counselor or principal return this form to you, so that it can be mailed with the rest of your application.

To the Guidance Counselor/Principal:

_____ has applied for the MAFTO Scholarship.

Please attach an official transcript including the SAT scores and return them to the applicant.

The applicant's cumulative grade point average is _____ in a scale of _____.

The applicant's class rank is _____ in a class of _____.

Date of graduation _____.

Comments:

PAGE 6 - Applicant's Employer Recommendation

To The Applicant:

If you are currently employed, please give this form to your employer. Have them complete this form and give it back to you. You will mail this form with the rest of your application.

To The Employer:

_____ has applied for the MAFTO Scholarship. Please answer the following questions and return the form to the applicant.

Date of Hire: Month _____ Year _____

Full Time Part Time How many hours per week? _____

Please describe how the candidate performs his or her assigned duties:

Please describe the candidate's ability to interact with customers and/or co-workers:

Comments:

Supervisor's Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Date _____

