The Moving and Storage Institute Scholarship Program

Completeness and neatness ensure your application will be reviewed properly. Application postmark deadline March 30

<table>
<thead>
<tr>
<th>FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY</th>
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<tbody>
<tr>
<td>I.D. #</td>
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### APPLICANT DATA

Last Name ___________________________________________ First __________________ Middle Initial _______
Permanent Home
Mailing Address ___________________________________________ Apartment # _______
City __________________________ State __________ ZIP Code ___________
Telephone (__________) __________________________ Date of Birth: Month ______ Day _____ Year _______
Email Address ___________________________________________

Please indicate your status. (For statistical purposes only) 

- [ ] Male
- [ ] Female
- [ ] American Indian/Alaska Native
- [ ] Black/African American
- [ ] Multi-Racial
- [ ] White
- [ ] Asian
- [ ] Hispanic/Latino
- [ ] Native Hawaiian/Pacific Islander

### SPONSOR INFORMATION

(See Eligibility section of guidelines for details.)

Sponsor's Last Name ___________________________ First __________________ Middle Initial _______
Sponsor's Company/Employer _____________________________________ AMSA Member Number _______
Address ___________________________________________ City __________________ State _______
Email Address ___________________________________________ Work Telephone (__________) _______

Relationship to Applicant ___________________________

### HIGH SCHOOL DATA

School Name ___________________________________________ High School Graduation Date: Month _____ Year _______
City __________________________ State ______ Telephone (__________) _______

### POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. Do not use abbreviations.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City</th>
<th>State</th>
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- [ ] 4 yr. College or University
- [ ] 2 yr. Community or Junior College
- [ ] Vocational-Technical School
- [ ] Other, explain ___________________________

Year in school next year: 1 2 3 4 5 or Graduate Study

Major or course of study: ___________________________ Expected college graduation date: Month ______ Year _______

Degree sought: 
- [ ] Bachelor
- [ ] Associate
- [ ] Certificate
- [ ] Other, explain ___________________________

Student will: 
- [ ] live on campus
- [ ] live off campus
- [ ] commute from home

If school choice is a public institution, applicant will pay: 
- [ ] in-state resident tuition
- [ ] out-of-state tuition
WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week.

<table>
<thead>
<tr>
<th>Employer/Position</th>
<th>From - Mo/Yr</th>
<th>To - Mo/Yr</th>
<th>Hours per Week</th>
<th>Were you paid for your work?</th>
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<td></td>
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<td></td>
<td></td>
<td>YES / NO</td>
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<td>YES / NO</td>
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ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. Indicate whether high school or college activities.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. of Years Partic.</th>
<th>Special Awards, Honors</th>
<th>Offices Held</th>
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GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

APPLICANT’S HOUSEHOLD FINANCIAL DATA (REQUIRED)

Adjusted gross income and total federal income tax amounts should be from parents’ or household’s most recently filed tax return. To be considered for an award, this section must be filled out completely.

1. State of Residence ........................................ $ ...........

2. Adjusted Gross Income (FORM 1040) .........$ ...........

3. Total Federal Tax Paid (FORM 1040) ........$ ...........

4. Total Income of Father/Employee .................$ ...........

5. Yearly Untaxed Income and Benefits:

   Please indicate source –

   ☐ Social Security ☐ AFDC ☐ Child Support

   ☐ Other .........................$ ...........

6. Medical and Dental Expenses not paid by insurance (exclude premiums) ..................$ ...........

7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) $ ...........

8. Total number of family members living in the household and primarily supported by the reported income .# ...........

9. Marital status of employee parent or guardian:

   ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) .# ...........

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

<table>
<thead>
<tr>
<th>Name of Award:</th>
<th>School to which award will be applied:</th>
<th>Amount:</th>
<th>Check One:</th>
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<tr>
<td></td>
<td></td>
<td>$ ........</td>
<td>☐ Granted</td>
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<td></td>
<td>☐ Pending</td>
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<tr>
<td></td>
<td></td>
<td>$ ........</td>
<td>☐ Granted</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Pending</td>
</tr>
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</table>
**APPLICANT APPRAISAL (REQUIRED)**

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant’s choice of a postsecondary educational program is

- [ ] extremely appropriate
- [ ] very appropriate
- [ ] moderately appropriate
- [ ] inappropriate

The applicant’s achievements reflect his/her ability

- [ ] extremely well
- [ ] very well
- [ ] moderately well
- [ ] not well

The applicant’s ability to set realistic and attainable goals is

- [ ] excellent
- [ ] good
- [ ] fair
- [ ] poor

The quality of the applicant’s commitment to school and/or community is

- [ ] excellent
- [ ] good
- [ ] fair
- [ ] poor

The applicant is able to seek, find, and use learning resources

- [ ] extremely well
- [ ] very well
- [ ] moderately well
- [ ] not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks

- [ ] extremely well
- [ ] very well
- [ ] moderately well
- [ ] not well

The applicant’s respect for self and others is

- [ ] excellent
- [ ] good
- [ ] fair
- [ ] poor

**Comments:**

Appraiser’s Name ____________________________ Title ____________________________ Telephone (__________)________

Signature __________________________________ Organization __________________________ Date _________________

**TRANSCRIPT INFORMATION**

A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

1. Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)

2. High school seniors and students who have completed less than one full quarter or semester of postsecondary education must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the high school’s grading scale must also be submitted.)

<table>
<thead>
<tr>
<th>Applicant ranks in a class of</th>
<th>Cumulative Grade Point Average</th>
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<tbody>
<tr>
<td></td>
<td>Weighted: _______/4.0 scale</td>
</tr>
<tr>
<td></td>
<td>Unweighted: _______/4.0 scale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Official’s Signature</th>
<th>Date</th>
<th>Title</th>
<th>Telephone (__________)________</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>School Official’s Address:</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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</table>

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- [ ] Student Application with completed Applicant Appraisal
- [ ] Current Complete Transcript(s) of Grades (including grading scale)

**Postmark deadline March 30**

**CERTIFICATION**

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program’s description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant’s Signature ____________________________ Date _________________

Sponsor’s Signature ____________________________ Date _________________
INSTRUCTIONS FOR COMPLETING THE
FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the employee. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

1. **State of Residence** is the state where the parents reside and pay state income tax.

2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.

3. **Total Federal Tax Paid** includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is not the amount withheld from employee’s paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do not report state income tax.

4. **Total Income** of parent(s) or household should be reported individually. Provide information for both natural parents, when possible. If the student resides with only one parent, financial information must be received from the employee or member of the company sponsoring the scholarship program and from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse’s information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse’s benefit plan. If necessary, two Financial Data sections may be submitted by the student. A copy of the Financial Data section may be made in order for one to be completed by each parent.

5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.

6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.

7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.** includes liquid assets that can be used for educational expenses. Do not include IRA, 401k, or other retirement plan funds.

8. **Total number of family members** living in the household and primarily supported by the reported income may include:
   - the applicant
   - the applicant’s parents
   - other children living in the household
   - dependent college students living away from home
   - other people who live in the household and receive more than half of their support from the reported income

9. **Marital status** is the current status of the person from whom the financial information is submitted.

10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.

Administered by
Scholarship Management Services
A Division of Scholarship America®