

Moorings Park Dining Server Scholarship Program Application

Applicants must email completed application and required attachments to **Mary Kohlasch** at mkohlasch@mooringspark.org by **June 30, 2019**.

Personal Information		
Name:		
Address:		
Phone Number:		
Email address:		
Current Employees Only:		
Department:	Date of Hire:	
Present Position:	Status (circle one): FT PT OC	
Supervisor's Name & Title:		
Educational Background		
Degree(s) Awarded:		
Date Awarded:		
Awards & Honors:		
Activities (please list activities from past 12 months)		
	Initial	
	iiillai	

Company: _____ Dates of Employment: _____ Job Title: _____ Responsibilities: Company: _____ Dates of Employment: Job Title: _____ Responsibilities: Company: _____ Dates of Employment: Job Title: ______ Responsibilities: **Education Seeking** Name of Institution: Address of Institution: Degree Sought: Course Name(s): _____ Course Dates: ______ to _____ Credit Hours: _____ Expected Date of Graduation: Course(s) Expenses: Tuition: _____ Books: _____ Registration/Fees: Total: ____

Initial _____

Work History

Additional Requirements:

 Applica 	ints must attach to this application:	
	Official Transcript from most recent two (2) years of so combination of both)	chool (high school, college or a
	Three (3) Letters of Recommendation from a school coprofessional associate indicating why you are deserving be typed and on letterhead and must include full containame, address, position/title, phone number, mailing a	g of the scholarship. Letters must act information of author (full
	Copy of current Financial Aid application.	
	Short essay (typed) of 300 words or less describing you to positively impact the lives of senior citizens.	ur future plans and how you hope
	ed external candidates must complete required steps in ng employment application, interview, and pre-employn	
	w, I certify that I have read and understand the terms a Dining Server Scholarship Program Policy.	nd conditions set forth in the
-	at I have no convictions on my record that would preven n not a nicotine user.	nt me from working at an AHCA
Print Name		
Applicant Signa	ture	Date