



# 2021 Scholarship Application

**PLEASE COMPLETE ALL FIELDS**

## Personal Information

|                                                                                                                            |                                                                                                   |                                                                          |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| I am a: <input type="checkbox"/> New MTNT Foundation Student<br><input type="checkbox"/> Returning MTNT Foundation Student | I am a: <input type="checkbox"/> Basic Applicant<br><input type="checkbox"/> Vocational Applicant | <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time |
| Deadline: <input type="checkbox"/> (Summer 2021) March 15                                                                  | <input type="checkbox"/> (Fall 2021) July 15                                                      | <input type="checkbox"/> (Spring 2022) December 15                       |
| Full Name:                                                                                                                 |                                                                                                   | Date of Birth:                                                           |
| Permanent Mailing Address:                                                                                                 |                                                                                                   |                                                                          |
| Phone Number:                                                                                                              | E-mail Address:                                                                                   |                                                                          |
| Address While in School:                                                                                                   |                                                                                                   |                                                                          |
| Phone Number While in School:                                                                                              | School E-mail Address:                                                                            |                                                                          |

## Eligibility

I am:  An MTNT Shareholder  
 A descendant of \_\_\_\_\_, who is an Original Shareholder

Are you related to a current MTNT Board of Director?  Yes.  No

If yes, provide the Board member's name and relationship to: \_\_\_\_\_

## Academic Information

|                                                                                                                                                                                                                                                                |                            |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| Name of School:                                                                                                                                                                                                                                                | Phone Number:              |                           |
| Have you been accepted?<br><input type="checkbox"/> Yes (Send enrollment verification) <input type="checkbox"/> No, Date applied for admission: _____                                                                                                          |                            |                           |
| Current Cumulative GPA:                                                                                                                                                                                                                                        | Field of Study and Degree: | Expected Completion Date: |
| Financial Aid Office Address (Address, City State Zip)                                                                                                                                                                                                         |                            |                           |
| Have you been accepted? <input type="checkbox"/> Yes (send enrollment verification) <input type="checkbox"/> No, Date applied for admission: _____                                                                                                             |                            |                           |
| Have you attended any school since high school?<br><input type="checkbox"/> Yes (If yes, submit most recent official transcripts or certificate of completion)<br><input type="checkbox"/> No (If no, submit official high school transcripts, Diploma or GED) |                            |                           |
| List all prior postsecondary and/or vocational trainings completed and the school's name:                                                                                                                                                                      |                            |                           |

## Release of Information and Responsibility Statement

I hereby attest the information contained in this application is true, correct and complete, and I have read and understood the scholarship guidelines. I, \_\_\_\_\_, give my permission to MTNT Limited to verify any academic information that is needed to determine my eligibility for funding. I hereby give this permission until revoked in writing by me to: MTNT Limited. I also understand I must reapply for each funding period and I know it is my responsibility to contact the MTNT Foundation to ensure my file is complete by the appropriate deadline.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Student Release & Consent

*The MTNT Foundation application is confidential in accordance with the Family Education Rights and Privacy Act of 1974. MTNT Foundation periodically publishes promotional materials containing student data, which may include, but is not limited to, students' name, area of study and photograph.*

By signing this form, I give my consent to the MTNT Foundation to use my name and photograph in materials including, but not limited to:

- Publicity materials
- Multimedia and online programs
- Newsletters

By signing this form, I also release the MTNT Foundation from:

- any claim I might have against it, resulting from the use of my name and picture, including for example, any claim based on defamation, slander, libel, or invasion of privacy;
- any claim against affiliated companies, businesses and assignees, its advertisers and agencies from any claim I might have against them from the use of my name and picture; and/or
- any claim against the directors, officers, employees, or agents of the MTNT Foundation for any claim I might have against them.

I acknowledge that:

- I will receive no money or other consideration or compensation for giving this consent and release.
- I am an adult, 18 years or older (if under 18, please also have legal guardian sign).
- I have read and understand this form.
- The release of this information will be in effect and honored during the application period for which it is being considered. To revoke this release and consent, I must provide a written statement that this *Student Release & Consent* signed by me is no longer in effect and my student information may not be shared with any other party.

Information will not be released to any other party, including parents or family members, without this Release and Consent form. This release of information must be submitted with each application.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_