



# 2024 Scholarship Application

**PLEASE COMPLETE ALL FIELDS**

## Personal Information

I am a: <input type="checkbox"/> New MTNT Foundation Student <input type="checkbox"/> Returning MTNT Foundation Student	I am a: <input type="checkbox"/> General Scholarship <input type="checkbox"/> Full Time <input type="checkbox"/> Vocational/Continuing Education <input type="checkbox"/> Part Time	
Deadline: <input type="checkbox"/> (Summer 2024) March 15	<input type="checkbox"/> (Fall 2024) July 15	<input type="checkbox"/> (Spring 2025) December 16
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:	
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: _____		
Current Cumulative GPA:	Field of Study and Degree:	Expected Completion Date:
Have you attended any school since high school? <input type="checkbox"/> Yes (If yes, submit most recent official transcripts or certificate of completion) <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:** \_\_\_\_\_