



PO Box 2512  
Columbia, MD 21045  
410-964-5724; Fax: 410-740-0441

**MIDDLE ATLANTIC PARKING ASSOCIATION  
2016 SCHOLARSHIP APPLICATION**

**I. GENERAL INFORMATION**

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
(Last) (First) (M.I.)

Present Address \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip Code)

Phone\_(\_\_\_\_)\_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip Code)

Phone(\_\_\_\_\_)\_\_\_\_\_ Email\_\_\_\_\_

Social Security Number \_\_\_\_\_

Name of MAPA Affiliated Member Organization (Employer) \_\_\_\_\_  
(Phone number)

Name of MAPA Affiliated Person (Employee) Position \_\_\_\_\_  
(Phone number)

Applicant's Relationship to Above Named Person: \_\_\_\_Self \_\_\_\_Spouse \_\_\_\_Child \_\_\_\_Other

**II. MAPA MEMBER CERTIFICATION**

This is to certify that the applicant is:

\_\_\_\_\_ A spouse or dependent child of a full-time employee of this institution which is a member of the Middle Atlantic Parking Association. The applicant's parent/guardian or spouse has been employed at least one year as of the date the applicant is applying for a scholarship.

\_\_\_\_\_ A full-time or part-time employee of this institution, which is a member of the MIDDLE ATLANTIC PARKING ASSOCIATION. The student employee has been employed for at least one year as of the date the applicant is applying for a scholarship.

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
MAPA Member Organization or Company

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City State Zip

(\_\_\_\_)\_\_\_\_\_  
Telephone Date

### III. EDUCATIONAL INFORMATION

Name of High School Attended \_\_\_\_\_

Date of Graduation\_\_\_\_\_

List all Colleges/Universities attended:

College/University	Dates of Attendance	Graduation Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

College/University/Professional Parking Certification program you attend or plan to attend \_\_\_\_\_

Full-time or Part-time?\_\_\_\_\_Have You Been Accepted?\_\_\_\_\_

Will You Be A: \_\_\_Freshman \_\_\_Sophomore \_\_\_Junior \_\_\_Senior \_\_\_Graduate  
\_\_\_Professional Parking Certification Program Candidate

Major Field of Study \_\_\_\_\_ Expected Graduation Date\_\_\_\_\_ Number of Credits You Have Completed\_\_\_\_\_

### IV. EMPLOYMENT INFORMATION

Are You Currently Employed? \_\_\_Yes \_\_\_No

Do You Plan To Work During The Academic Year? \_\_\_Yes \_\_\_No

If So, Do You Plan to Work? \_\_\_Full-Time \_\_\_Part-Time

What Percentage of Your College Expenses Do You Expect to Earn?\_\_\_\_\_

#### EMPLOYMENT HISTORY

Company (include address)	From	To	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## V. SUPPLEMENTAL INFORMATION

1. Attach an essay (no more than 1000 words) that outlines the following:
  - a. Your career interests and goals
  - b. Community, civic or professional organization affiliations
  - c. Major personal accomplishments
  - d. Your extra curricular activities and interests
  - e. How a MAPA scholarship would be beneficial to you. This may include any special financial needs.
2. Attach an official copy of the most currently available transcript of grades and credits. (All documents become the property of the Scholarship Committee and will not be returned).
3. In order to be considered for this scholarship award, two letters of recommendation are required. These may be from a high school teacher/college instructor who is familiar with your academic work or from someone knowledgeable about your extracurricular or employment activities. It may be helpful if you provide these individuals with a stamped envelope addressed to the MAPA Scholarship Committee. **Letters of recommendation are due no later than May 15, 2016.**

## VI. APPLICANT CERTIFICATION

The information contained in this application is accurate to the best of my knowledge. I understand that scholarships are awarded at the discretion of the Scholarship Committee, and I give the committee permission to contact my school, references, and employer for verification of this information. I understand that I may be requested to return this award if I do not complete this course of study.

I further acknowledge that I have read the Middle Atlantic Parking Association Guidelines and agree to the terms contained therein.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
(if Applicant is Under 18)

**Application Deadline: May 15, 2016**

**Submit Application to:**

**Middle Atlantic Parking Association  
PO Box 2512  
Columbia, MD 21045**