



MISSOURI LUMBER DEALERS SCHOLARSHIP APPLICATION

DEADLINE: APRIL 15, 2020

ELIGIBILITY REQUIREMENT: Must be an employee or the child of an employee of an MLA member lumberyard in Missouri or sponsored by the owner or manager of an MLA member lumberyard located in Missouri and have a desire to work in the independent retail lumber industry. A GPA of 3.25 or better is required.

Financial Information:

1. How much can you contribute to your education per year? _____
2. How much is your family able to contribute per year? _____
3. Are you currently employed? yes no If yes, where? _____
4. Do you plan to be employed while in school? yes no If yes, where? _____
5. Please complete the estimated budget below based on cost per year:

EXPENSES PER YEAR	REVENUE PER YEAR
TUITION & FEES:	SAVINGS/ASSETS:
BOOKS & SUPPLIES:	MONEY FROM OTHERS:
ROOM/RENT:	PART-TIME JOB:
BOARD/MEALS:	SCHOLARSHIP/GRANTS:
TOTAL EXPENSES:	TOTAL REVENUE:

6. Please list all other scholarships, awards, loans, grants or financial aid you will receive for the upcoming school year. If none, write NA:

Name of Scholarship/Grant	Value

Experience and Activities

List your work experience:

Company	Phone #	Length of Employment	Supervisor

Experience and Activities Continued

List your involvement and awards in school, community and other extracurricular activities:

Character References

Please list three adults, not related to you, whom we may contact:

Name	Phone #	Relationship

Educational and Career Goals

Please explain your educational and career goals, as well as any work experience or activities that relate to those goals:

Lumber Industry Vision

Please summarize your thoughts on the future of the independent lumber industry and how you will play a part in that vision:

Counselor or Advisor:

This is to certify that _____ ranks _____ out of _____ students in class
on _____ / _____ / _____, has a cumulative GPA of _____ on a 4.0 scale, and has a composite
ACT/SAT score of _____ .

Please include any information that you feel might be of assistance to the selection committee below

Counselor or Advisor's Signature

Personal Information:

please supply a recent digital photograph with your application for publicity purposes to lindsay@themla.com

Applicant's Name:
Address:
Telephone #:
Parent(s) Name(s):
Applicant's Date of Birth:
Social Security #:
Marital Status:
Current or future college you attend or will attend:
Planned course of study/major:

Applicant must include a copy of the acceptance letter from the college they plan to attend, or the most recent transcript, if currently enrolled.

Attn: Lumberyard Owner/Manager

Please attach a letter of recommendation for the student you are sponsoring and include any information that you feel may be of assistance to the selection committee.

Owner's/Manager's Signature:
Business Name:
Address:
Phone #:
Email:



PLEASE RETURN BY APRIL 15, 2020 TO:

MISSOURI LUMBER DEALER SCHOLARSHIP COMMITTEE
C/O MID-AMERICA LUMBERMENS ASSOCIATION
701 DECATUR AVE N
STE 105
GOLDEN VALLEY, MN 55427

FAX: 763-595-4060

EMAIL: LINDSAY@THEMLA.COM

INCOMPLETE APPLICATIONS ARE DISQUALIFIED FROM CONSIDERATION