

**MASTER BREWERS ASSOCIATES OF THE AMERICAS  
WESTERN NEW YORK DISTRICT  
SCHOLARSHIP APPLICATION**

1. Name: \_\_\_\_\_ Soc. Sec# \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

3. Relative employed in the Brewing Industry (write self if self and move on to #4)

Name & Address of Relative: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of Relationship: \_\_\_\_\_

MBAA District Member: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years Employed: \_\_\_\_\_

4. Education:

High School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

College: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Other: \_\_\_\_\_

5. Are you currently employed in the Brewing Industry: YES or NO

If yes: Name/address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_ Years: \_\_\_\_\_

Member of MBAA: YES or NO What District: \_\_\_\_\_

6. Position held related to the Brewing Industry, specify relationship and time spent in each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. What is your intention for this scholarship: \_\_\_\_\_

\_\_\_\_\_

8. List extracurricular activities (excluding job) during the past four years:

\_\_\_\_\_

\_\_\_\_\_

9. List jobs (including employer, dates hours per week) you have held in the past three years (attach resume). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. List special interests and hobbies: \_\_\_\_\_  
\_\_\_\_\_

11. Answer the following questions on a separate sheet:
- a. Which interest or activity contributed the most to your development and why?
  - b. Describe your career aspirations and how the use of this scholarship will relate to the Brewing Industry?

12. List two personal references:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

13. I hereby certify that:

- a. All my answers are true and correct to the best of my knowledge.
- b. I have read and will abide by all provisions of this scholarship.
- c. A background check may be made regarding your application and that I have no issue with questions being made regarding my application.
- d. Award of this scholarship may be made public information and that I agree to the use of my name attached to the award if I am selected.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

14. Endorsement of two members of the MBAA:

Name: \_\_\_\_\_ District: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ District: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_