



MASTER BREWERS ASSOCIATION OF THE AMERICAS
DISTRICT NEW ENGLAND

District New England Academic Scholarship Application

Which course are you applying for? Brewing and Malting Science
 Brewing Packaging Technology

Name _____ E-mail address _____
Address _____ City _____
State _____ Zip _____ Phone _____
Employer _____ Business E-mail _____
Address _____ City _____
State _____ Zip _____ Phone _____
Position with Company _____ Time with Company _____
Are you a Member in good standing of the MBAA? Yes
 No
District _____ Years as Member _____
Have you ever received an MBAA Scholarship before? Yes
 No
Would your employer accept your attendance to the course? Yes
 No

Please write two short essays answering the following questions:

What do you hope to gain from this course?
How do you plan to use information from this course in your workplace?

I hereby certify that:

- All my answers are true and correct to the best of my knowledge.
- I am a member of the MBAA.
- I have read and understand the provisions of the District New England Academic Scholarship.
- I will abide by said provisions if I am awarded the Scholarship.
- I understand that this application must be submitted, postmarked, or faxed no later than the deadline set forth by the District.

Signature _____ Date _____

Endorsement by two active Members of the MBAA are required for application

“We hereby confirm that in our considered opinion, this Applicant is an appropriate and proper person to be a recipient of an MBAA District New England Academic Scholarship, according to the current provisions which we have read, should the Scholarship Committee make an award to the Applicant”

Sponsor #1 _____ District _____ Years in District _____

Sponsor #2 _____ District _____ Years in District _____