

MBAA DISTRICT MILWAUKEE



SCHOLARSHIP APPLICATION

A. PERSONAL INFORMATION

Last First M.I.

Number and Street

City State Zip Code

Telephone Email

MBAA Membership Number Member Since

B. CURRENT EMPLOYMENT

Occupation/Title Date Started

Employer Name

Number and Street

City State Zip Code

Telephone Email

C. EDUCATION

EDUCATION LEVEL HIGH SCHOOL COMMUNITY COLLEGE UNDERGRADUATE
 MASTER DOCTORATE _____

Name of last institution City, State

Please attach a brief explanation of why you are applying for the MBAA District Milwaukee Scholarship.

Eligible candidates must meet eligibility requirements:

- The recipient must be a member in good standing with the Master Brewers Association of the Americas and District Milwaukee to receive the award.
- The recipient must NOT have received a prior scholarship from District Milwaukee.

I, _____ have read and understand the conditions of the MBAA MILWAUKEE DISTRICT SCHOLARSHIP as explained in the current Notes to Candidates for Scholarships. I affirm that I plan to pursue a career in the brewing industry, or that I am currently pursuing a career in the brewing industry, as defined in the aforementioned documentation. I give permission to officials of my current and former institutions to release transcripts of my academic record, as well as information from my current and former employer(s) and relevant organizations. I understand that this application will be available only to qualified people who need to see it in the course of their duties. If selected as an MBAA Milwaukee Scholar, I agree to attend a MBAA District Milwaukee meeting, and will present at the MBAA Milwaukee meeting. I affirm that this completed application has been written by me. I affirm the information contained herein is true and accurate to the best of my knowledge and belief. I acknowledge that the decision of the scholarship committee is binding and not available to appeal. I may only be awarded one scholarship per four-year period through District Milwaukee and attest I have not received a prior scholarship from District Milwaukee. Depending upon need the amount of the scholarship may be adjusted. All scholarship funds use must be documented and submitted for review to the President/Secretary of District Milwaukee prior to payment unless other agreement has been reached. All funds must be used within twelve months of award or will be forfeited. Funds may be taxable and are the responsibility of the recipient.

SIGNATURE: _____

DATE: _____