

**MANSFIELD COMMUNITY
TEACHERS ASSOCIATION SCHOLARSHIP**

Note to applicant: This scholarship will be awarded by semesters to the individual selected who has enrolled and is attending an accredited institution of higher education. If the recipient leaves school during the first semester of school, the alternate will be awarded the remainder of the scholarship provided he/she is enrolled in school the second semester.

Directions: Please complete this application in full and as accurately as possible.

Name of Applicant _____
(Last) (First) (Middle) (Social Security Number)

Home Address _____
(Street, Box, Route)

(Town or City) (Zip Code) (Home Phone Number)

I. Plans of Applicant

A. Have you made application to any institution of higher education? Y ____ N ____

B. Institution(s) _____

C. Date you expect to enter: (Month and Year) _____

D. Selected Major/Area of Specialization _____

E. Check one: _____ 2 year certificate or Associate of Arts degree

_____ 4 year Bachelor's Degree

_____ Graduate School

_____ Professional School

F. Have you made application for any other scholarship(s)? Y ____ N ____

G. If yes on "F," list name of scholarship(s) _____

II. List (on separate page) extra-curricular activities in which you have been or are now participating, including school activities, athletics, honorary societies, church and civic activities, etc.

III. Miscellaneous

A. Upon completion of your schooling, how do you plan to use your education?

B. Self-evaluation: What do you regard as your academic strengths and weaknesses?

C. Why do you feel you should be given consideration for this scholarship?

Signature of Applicant