



2012
Scholarship Application
Mid-America Weary
Scholarship Foundation, Inc.

The Mid-America Weary Scholarship is available to cable industry employees, their spouses and children in the Mid-America region. Eligible states include **Arkansas, Kansas, Missouri, Nebraska, Oklahoma & Texas.** To apply for this **\$1,500** scholarship, you must be at least a high school senior, eligible to enroll in college or currently enrolled in at least twelve (12) hours at your institution of choice. Please fill out this application form carefully. The completed application must be **received in our office no later than Friday, March 2, 2012.** All applications will be treated with complete confidentiality. Each applicant will be notified in writing as to the committee's selections by the middle of May.
All items must be completed. Incomplete applications will not be considered.
Please return the completed application to:
Mid-America Weary Scholarship Foundation, Inc.,
c/o The Mid-America Cable Show
4903 Wardsville Rd., Jefferson City, MO 65101
573-635-5588
info@midamericacable.tv

1. Applicant Information: (please check one)

Cable employee _____ Cable employee's spouse _____ Cable employee's child _____

Legal Name: Last _____ Middle _____ First _____

Mailing Address _____ City/State/Zip _____

(_____) _____ / ____ / ____ _____
Area Code and Phone Number Birth Date: month/day/year email address

2a. Please fill out this section if Applicant is a Cable Industry Employee:

Applicant's Name _____ Job Title _____

Cable Company Name _____ (_____) _____
Area Code and Phone Number (Work)

Company's Address _____ City/State/Zip _____

Estimate of Earnings _____ Education _____

Spouse's Name _____ Job Title _____

Employer _____ (_____) _____
Area Code and Phone Number (Work)

Employer's Address _____ City/State/Zip _____

Estimate of Earnings _____ Education _____

NAME(S) AND AGE(S) OF DEPENDENTS IN FAMILY:

1) _____ AGE: _____
2) _____ AGE: _____
3) _____ AGE: _____
4) _____ AGE: _____
5) _____ AGE: _____

NUMBER OF DEPENDENTS IN POST SECONDARY EDUCATION: _____

2b. Please fill out this section if Applicant is a Cable Industry Employee's Spouse:

Applicant's Name _____ Job Title _____
_____ (_____) _____
Employer _____ Area Code and Phone Number (Work) _____
Employer's Address _____ City/State/Zip _____
Estimate of Earnings _____ Education _____

Spouse's Name _____ Job Title _____
_____ (_____) _____
Cable Company Name _____ Area Code and Phone Number (Work) _____
Company's Address _____ City/State/Zip _____
Estimate of Earnings _____ Education _____

NAME(S) AND AGE(S) OF DEPENDENTS IN FAMILY:

1) _____ AGE: _____
2) _____ AGE: _____
3) _____ AGE: _____
4) _____ AGE: _____

NUMBER OF DEPENDENTS IN POST SECONDARY EDUCATION: _____

2c. Please fill out this section if Applicant is a Cable Industry Employee's Child:

Father's Name _____ Job Title _____
_____ (_____) _____
Employer _____ Area Code and Phone Number (Work) _____
Employer's Address _____ City/State/Zip _____
Estimate of Earnings _____ Education _____

Mother's Name _____ Job Title _____
_____ (_____) _____
Employer _____ Area Code and Phone Number (Work) _____
Employer's Address _____ City/State/Zip _____
Estimate of Earnings _____ Education _____

NAME(S) AND AGE(S) OF SIBLINGS IN FAMILY:

- 1) _____ AGE: _____
 2) _____ AGE: _____
 3) _____ AGE: _____
 4) _____ AGE: _____

NUMBER OF SIBLINGS IN POST SECONDARY EDUCATION: _____

3. Estimate of College Fees Per Year:

TUITION	\$
ROOM	\$
BOARD	\$
BOOKS AND FEES	\$
TOTAL	\$

4. Revenues Available:

ASSISTANCE FROM PARENTS or SPOUSE	\$
PERSONAL SAVINGS	\$
OTHER GRANTS OR AWARDS	\$
OTHER SOURCES OF FUNDS	\$
TOTAL	\$

5. High School Information (if still in high school):

High School Presently Attending: _____

Address _____ City _____

State _____ Zip _____ Phone # _____

Date of Graduation _____ Class Rank _____ Class Size _____

6. University, College, Junior College or Vo-Tech you are attending or plan to attend:

Name of School _____

School Address _____

City _____ State _____ Zip _____

Phone Number of Admissions _____

7. High School Teacher OR College Professor References: (Please supply two)

_____ Name	_____ Name
_____ Address	_____ Address
_____ Telephone	_____ Telephone
_____ Subject Taught	_____ Subject Taught

8. References Other Than Teachers or College Professors: (Please supply two)

_____ Name	_____ Name
_____ Address	_____ Address
_____ Telephone	_____ Telephone
_____ Relationship	_____ Relationship

9. Activities Summary:

On a separate piece of paper, list your extracurricular activities, work experiences, and/or any volunteer work you have done. Submit the dates you were involved, and leadership roles you have had for each activity. Also describe your previous academic honors and awards. Please attach the list to your scholarship application.

10. Personal Statement:

Complete a one page personal statement explaining your educational/vocational plans and goals and include why you feel you should be the recipient of this scholarship and attach this statement to your scholarship application.

11. Transcript

If you are currently in High School, enclose an **official, sealed** copy of your high school transcript that includes your ACT or SAT score and GPA.

If you are currently in College or seeking this scholarship to attend college, enclose an **official, sealed** copy of your College transcript . ACT, SAT or GPA is not required.

Transcript can be sent directly from school.

Signature of Applicant

Date

Signature of Cable System General Manager or Department Supervisor

Date

Print General Manager's or Department Supervisor's Name & **PHONE #**