



2024 MIDLAND MUNICIPAL EMPLOYEE SCHOLARSHIP FUND APPLICATION

Attach a copy of the following information to this application:

1. The signed, completed MMESF application checklist.
2. A copy of your most recent high school or college transcript.
3. A copy of the 2023 tax return (only the page with the adjusted gross income) for your family with the social security numbers blacked out besides the last 4 of the applicant's.
4. A typed essay written by you. The essay must contain four (4) subjects: (1) Educational Goals, (2) Scholastic Achievements, (3) Extracurricular Activities, and (4) Community Involvement.
5. A typed statement as to why financial aid is needed. This should be the area where you explain to the judges your circumstances and why you need the assistance for college (e.g., income, self-reliance, medical, hardships, etc.).
6. Three typed letters of recommendation. These may be from teachers, principals, counselors, employers, or anyone who can speak of your qualifications from personal knowledge. These must be current 2024 letters of recommendation.

CHECKLIST

This page is a checklist for your benefit to review your application. Next to each item please check the boxes stating that you have included the section in your Scholarship Application and sign below. All applications must be completed in full to be eligible. All sections and documentation must be completed and accurate, or the application will not be considered. If you have any questions about the application process, contact the Board of President, Itzel Okumura, at 432-685-7425.

I have attached a copy of either a high school/ college transcript

I have included a copy of the page showing adjusted gross income of the 2023 tax return with the social security numbers blacked out besides the last 4 of the applicant's.

I have attached an essay discussing current educational goals, scholastic achievements, extracurricular and community involvement.

I have included a statement of financial need.

I have included three (3) current letters of recommendation.

I have included the name and mailing address of my institution.

I have signed and understand the eligibility certification.

Signature: _____

THIS PAGE MUST BE INCLUDED WITH YOUR APPLICATION.

APPLICATION GUIDELINES AND INSTRUCTIONS

PURPOSE: The purpose of the Midland Municipal Employee Scholarship Fund (MMESF) is to provide financial assistance in the form of a scholarship to dependents of City of Midland employees.

ELIGIBILITY: To be eligible to receive a MMESF scholarship, a recipient must be a dependent of a City of Midland employee and the employee must be actively employed at the time of the awards presentation. The dependent must be a graduating high school senior or presently enrolled in a higher education institution. The dependent is required to enter a college, university, trade school or vocational school in 2024. For purposes of determining eligibility, a dependent child is defined as meeting the following criteria: (1) Is a natural child; step-child; legally adopted child; a child who has been placed for adoption with the City of Midland employee and for whom as part of such placement, the employee has a legal obligation for the partial or full support of such child, including providing medical insurance coverage under the the 2024 City of Midland's Plan pursuant to a written agreement; a person for whom the employee has been appointed legal guardian by a court of competent jurisdiction prior to the applicant attaining nineteen (19) years of age; a grandchild who is a dependent of the employee for federal income tax purposes at the time the application is submitted; and (2) is less than twenty-six (26) years of age; or is mentally handicapped/challenged or physically handicapped/challenged on the date twenty-six years of age is attained, provided that the child is incapable of self-supporting employment and is chiefly dependent upon the City of Midland employee for support and maintenance. Proof of incapacity must be furnished to the Board of President, Itzel Okumura, upon request, and additional proof may be required.

AWARD: The criteria for those receiving a scholarship are based on financial need, scholastic achievement, extracurricular activities, and community involvement. The MMESF Board of Directors will appoint a Scholarship Committee comprised of three members of the community (one must be an educator) who will be charged with providing an unbiased, non-partial decision in selecting scholarship recipients.

The number and the amount of scholarships granted each year will be determined on a yearly basis by the Board of Directors. Determinations will be based on the availability of funds and the number of qualified applicants.

Scholarship recipients will be awarded on June 14, 2024 at 3:00PM. Award recipients will receive an invitation by email and/or mail and awarded amounts will be announced at the awards ceremony. All checks will be sent to the financial institutions within 2 weeks of the ceremony. If the the check is returned to the Board of Directions and unclaimed by the recipient within fourteen (14) business days, this will result in a forfeiture of the awarded scholarship.

INSTRUCTIONS: The Selection Committee will make their recommendations based entirely on the contents of this application and supporting documentation provided by the applicant. All information should be typed or printed legibly. It is critical that you include detailed information that will help the Selection Committee make their recommendation on who should receive a scholarship.

To be considered, the completed application must be submitted to the City of Midland City Secretary's Office, 300 N. Loraine, Room 330, by 12:00 PM on April 19, 2024. Applications received after the deadline will be returned and not considered. It is the applicant's responsibility to ensure that the City receives his/her application by contacting the City Secretary's Office at 432-685-7430.

PERSONAL INFORMATION

FIRST NAME

LAST NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

CITY OF MIDLAND EMPLOYEE

OCCUPATION

FATHER'S NAME

FATHERS OCCUPATION

MOTHER'S NAME

MOTHER'S OCCUPATION

EDUCATION

SCHOOL CURRENTLY
ATTENDING

SCHOOL PLANNING TO
ATTEND

CURRENT GPA

FAMILY AND FINANCIAL INFORMATION

NUMBER OF CHILDREN IN
FAMILY

AGES

NUMBER OF CHILDREN AT
HOME

AGES

NUMBER OF CHILDREN IN COLLEGE

AGES

THE FOLLOWING FORMULA IS USED TO DEMONSTRATE FINANCIAL NEED

Family's Adjusted Gross Income** (As reported on the previous year's federal tax return)		A
Total number of family members enrolled in college during the period of this scholarship (including yourself)		B
Divide amount of Line A by Line B		C

****Family income** is defined as the combined adjusted gross income of a child's parents or legal guardians, as reported on the most recently filed federal income tax return(s). In cases of divorce, the income of the parent or guardian claiming the child as a dependent on his or her income tax return and the income of the spouse of that parent or guardian, if any, are used to determine family income.

PLEASE SELECT THE FOLLOWING FORMS OF ASSISTANCE YOU WILL BE UTILIZING TO PAY FOR YOU EDUCATION (CHECK ALL THAT APPLY)

- PARENT/ GUARDIAN
- SELF-FUNDING GRANTS/
- SCHOLARSHIPS
- FINANCIAL AID
- OTHER _____

ACADEMIC
SUBJECT OF
MAJOR INTEREST

GOAL(S) FOR THE FUTURE

ADDITIONAL INFORMATION

CONTACT NAME OF FINANCIAL
AID

MAILING ADDRESS OF
SCHOOL PLANNING ON
ATTENDING

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICATION GUIDELINES AND INSTRUCTIONS AND THAT I MEET THE ELIGIBILITY REQUIREMENTS TO APPLY FOR A SCHOLARSHIP FROM THE MIDLAND MUNICIPAL EMPLOYEE SCHOLARSHIP FUND. IN ADDITION, MY SIGNATURE ACKNOWLEDGES THAT FAILURE TO NOTIFY IN A TIMELY MANNER OF ANY CHANGES IN EDUCATION AND/OR INSTITUTION PURSUITS WILL RESULT IN FORFEITURE OF SCHOLARSHIP. I DECLARE THAT THE INFORMATION IN MY APPLICATION AND THE ATTACHMENTS ARE ALL TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE

DATE SIGNED