



## WMMA EMPLOYEE SCHOLARSHIP REQUEST FORM

WMMA Company Name \_\_\_\_\_

Employee Name \_\_\_\_\_

WMMA Company Champion \_\_\_\_\_

Employee Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Department/Business Function \_\_\_\_\_

Job Title \_\_\_\_\_ Current Education Level \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Short Term Career Goal \_\_\_\_\_

Long Term Career Goal \_\_\_\_\_

WMMA Scholarship Awards are sent to the institution, not the candidate. Therefore, we require complete information on the institution, a contact person, etc. (see below). It is understood that the candidate or the institution may send the invoice to WMMA, Attention, Laura Mahone. However, the scholarship payment must be sent to the institution.

Name of School applicant will attend \_\_\_\_\_

Address of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Faculty or other contact at school \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Why are you interested in taking this course? \_\_\_\_\_

\_\_\_\_\_

Approved by Supervisor (Print Name): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_