



## 2026 SCHOLARSHIP APPLICATION

Completed Scholarship Applications must be postmarked by APRIL 1, 2026.  
Scholarship Applications cannot be emailed.

*Please Print*

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Home Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_  
Month Day Year

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of College you plan to continue your education: \_\_\_\_\_

College Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Type: College: \_\_\_\_\_ Vo-Tech: \_\_\_\_\_ Other: \_\_\_\_\_ Specify: \_\_\_\_\_

Major you plan to pursue: \_\_\_\_\_

Application is: Accepted: \_\_\_\_\_ Pending: \_\_\_\_\_

You will live: On Campus: \_\_\_\_\_ Off-Campus: \_\_\_\_\_ Commute: \_\_\_\_\_

### ELIGIBILITY:

All Scholarship Applicants must be a MMBA Member, Employee of a MMBA Member, or anyone going into the trades.

NAME OF FATHER/MALE GUARDIAN: \_\_\_\_\_

(First) (Last)

Employer: \_\_\_\_\_ MMBA Member: Yes / No

Position: \_\_\_\_\_ Work Location (City): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NAME OF MOTHER/FEMALE GUARDIAN: \_\_\_\_\_

(First) (Last)

Employer: \_\_\_\_\_ MMBA Member: Yes / No

Position: \_\_\_\_\_ Work Location (City): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of family members living at home and dependent upon parents/guardians for support:  
(Including yourself and parents): \_\_\_\_\_

Number of brothers and sisters dependent upon your parents/guardians currently attending  
institutions of higher learning? \_\_\_\_\_



**Work Experience:**

Employer	Dates	To/From	Hours worked	Position	Supervisor

Indicate any plans regarding working while attending school next year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List activities, organizations, and leadership positions in school and/or community, you have had the opportunity to be involved in:

<u>School:</u>	<u>Community:</u>
_____	_____
_____	_____
_____	_____

List hours of service, prizes and/or special recognition you have received in school and/or community:

<u>School:</u>	<u>Community:</u>
_____	_____
_____	_____
_____	_____

Make a statement of your education and career aspirations, including the reason(s) why you have selected your course of study. Be sure to indicate what your plans are after you have completed your education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is the most Influential Person in your life and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SCHOLARSHIP CHECK LIST:

STUDENT EVALUATION:

-  List one (1) Current Teacher and
-  One (1) Community Member (Non-Relative)

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Give your Teacher and Community Member the attached "Student Evaluation Form".  
Return the completed Evaluation Forms with your Scholarship Application.

TRANSCRIPT:

Provide a transcript of grades, including your high school ranking.

Completed Scholarship Applications must be postmarked by April 1, 2026.

Mail Application to: Mid-Minnesota Builders Association (MMBA)  
P.O. Box 27  
Nisswa, MN 56468

Questions: Contact Ashly Gilson (Executive Officer)  
Email: [info@midmnba.org](mailto:info@midmnba.org) • Phone: (218) 829-4982

Name of person filling out the Scholarship Application: \_\_\_\_\_

I (We) agree to abide by the rules of the Mid-Minnesota Builders Association Scholarship Program as detailed/outlined on the Scholarship Criteria page.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Guardian Signature  
*(If student is under 18 years of age)*

\_\_\_\_\_  
(Date application signed)



## STUDENT APPRAISAL # 1: Teacher Evaluation Form

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_ Class: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Please comment on the following:

1. Classroom Participation:

_____	_____
_____	_____
_____	_____

2. Independent Study away from class:

_____	_____
_____	_____
_____	_____

3. Personal Responsibility:

_____	_____
_____	_____
_____	_____

4. Consideration of Others:

_____	_____
_____	_____

Tell us why you would recommend this student for a Scholarship: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Signature

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Date



## STUDENT APPRAISAL # 2: Community Member Evaluation

Student: \_\_\_\_\_

Community Member Name: \_\_\_\_\_

Organization you represent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Please describe the involvement in community related activities or groups the student participated in. This includes community volunteering and/or service that is either formal or informal and is done in consultation with local nonprofit, governmental, youth groups and community-based organizations, as designed to improve the quality of life for community members.

1. How is the student involved in your organization?

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2. Why would you recommend this student for a scholarship?

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Additional Comments: \_\_\_\_\_

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Signature

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Date