

Mineral

Area



osteopathic

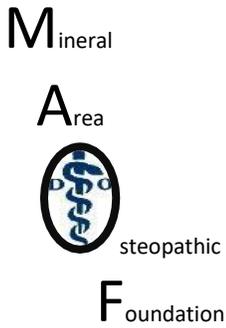
Foundation

<b>MINERAL AREA OSTEOPATHIC FOUNDATION</b> <b><u>ASSOCIATE OF APPLIED SCIENCE DEGREE IN</u></b> <b><u>PARAMEDIC TECHNOLOGY</u></b> <b>AWARD APPLICATION</b>
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**ELIGIBILITY REQUIREMENTS:**

1. **ACCEPTED/ENROLLED IN THE ASSOCIATE OF APPLIED SCIENCE DEGREE IN PARAMEDIC TECHNOLOGY AT MINERAL AREA COLLEGE.**
2. **PROVIDE A TYPED AND DOUBLE-SPACED 1-2 PAGE AUTOBIOGRAPHY; INCLUDE YOUR HOW THIS FINANCIAL AWARD MAY ASSIST YOU TO REACH YOUR EDUCATIONAL GOALS.**
3. **REQUEST AT LEAST 2 PERSONS SUBMIT REFERENCE FORMS (PREFERABLY ONE WORK & ONE PERSONAL) AND ASK THEM TO RETURN TO MAOF VIA UMB (ADDRESS PROVIDED ON FORM) BY DECEMBER 31ST**
4. **ATTEND A PERSONAL INTERVIEW, IF REQUESTED.**
5. **BE WILLING TO BE PHOTOGRAPHED AND HAVE NAME SUBMITTED FOR NEWS RELEASE, IF SELECTED TO RECEIVE AWARD.**

<b>PRINT NAME</b>	<b>SOCIAL SECURITY NUMBER</b> _ _
<b>PHYSICAL ADDRESS</b>	
<b>DATE OF BIRTH</b>	
<b>PHONE ( ) -</b>	<b>EMAIL ADDRESS</b>
<b>HIGH SCHOOL DIPLOMA: SCHOOL _____ DATE _____ OR GED DATE _____</b>	
<b>SCHOOL/COMMUNITY ACTIVITIES &amp;/OR EMPLOYMENT IN WHICH YOU HAVE PARTICIPATED (INCLUDE DATES)</b> _____	
<b>AWARDS AND HONORS RECEIVED (INCLUDE DATES)</b> _____	
<b>ACT COMPOSITE SCORE _____ ACCUPLACER SCORE _____</b>	
<b>HOUSING (CIRCLE ONE): RENT OR OWN      NUMBER LIVING IN HOME/APARTMENT _____</b>	
<b>SPECIAL CIRCUMSTANCES</b> (PLEASE INDICATE <b>FINANCIAL/MEDICAL/EMPLOYMENT CONDITIONS</b> THAT MAY EXIST IN YOUR FAMILY WHICH MAY AFFECT YOUR ABILITY TO PAY FOR COLLEGE; APPLICANTS DO NOT NEED "SPECIAL CIRCUMSTANCES" TO RECEIVE AN AWARD): _____	
<b>WHERE DO YOU PLAN TO APPLY FOR EMPLOYMENT AFTER GRADUATION?</b> CIRCLE ONE: <b>LOCALLY / PLAN TO RELOCATE</b>	
I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM, BY MY SIGNATURE, <b>AUTHORIZING THE RELEASE OF MY GRADE POINT AVERAGE AND OTHER PERTINENT INFORMATION REGARDING MY EDUCATIONAL PLANS TO AWARD SPONSORS</b> FOR PURPOSES OF EVALUATING FINANCIAL AWARD APPLICANTS. THE MAOF MAY MAKE ANY INVESTIGATION CONCERNING THE ABOVE INFORMATION. I AGREE TO PROVIDE DOCUMENTATION FOR THE INFORMATION GIVEN ON THIS FORM. I REALIZE THAT FAILURE TO COMPLY WITH A REQUEST FOR FURTHER INFORMATION MAY PREVENT MY BEING CONSIDERED FOR AWARD:  _____	
<b>(DATE)</b>	<b>(APPLICANT SIGNATURE)</b>
PLEASE COMPLETE THE ENTIRE APPLICATION, SIGN/DATE, AND RETURN WITH ATTACHED AUTOBIOGRAPHY TO: <b>MINERAL AREA OSTEOPATHIC FOUNDATION, INC.</b> <b>C/O UMB BANK, N.A. - EDWARD LANE, SVP</b> <b>2 SOUTH BROADWAY</b> <b>ST. LOUIS, MO 63102</b> <b>TO BE CONSIDERED IN THE PRIORITY AWARD PROCESS, THE APPLICATION AND REQUIRED DOCUMENTATION MUST BE POST MARKED NO LATER THAN MARCH 31ST</b> <b>PARAMEDIC STUDENTS WHO ARE GIVEN FINANCIAL AWARDS WILL BE NOTIFIED BY MAIL AT THE TIME THE AWARD IS MADE</b>	



## Reference for MAOF Award

### ASSOCIATE OF APPLIED SCIENCE DEGREE IN PARAMEDIC TECHNOLOGY

\_\_\_\_\_ has applied for a financial award at Mineral Area College and has listed you as a reference. Please complete this form and return by e-mail or postal mail to the address listed on the back. Referring individuals should not be a relative of the applicant. Your efforts in assisting the MAOF and this applicant are appreciated.

### Applicant Information

Name \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (city) (state) (zip)

Home telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mobile telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

### Reference Information

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (city) (state) (zip)

Contact telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

### Applicant Summary

Relationship to applicant \_\_\_\_\_: How long have you known this applicant? \_\_\_\_\_ Years/Months  
(Circle one above)

Please describe the applicant's strengths and weaknesses:

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Are you aware of any conduct by the applicant that may indicate a lack of ethics? If so, please describe:

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Would you want this applicant as your paramedic or professional colleague? Why?

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**Please rank this applicant on the following characteristics:**

	<b>Outstanding</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
<b>Maturity</b>				
<b>Intellectual Ability</b>				
<b>Imagination</b>				
<b>Interpersonal Skills</b>				
<b>Work Habits</b>				
<b>Leadership</b>				
<b>Motivation</b>				

## Summary statement

Please summarize your recommendation. You may include any additional comments that will assist us in the evaluation of this applicant.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT REFERENCE FORMS TO:**  
**MINERAL AREA OSTEOPATHIC FOUNDATION, INC.**  
**C/O UMB BANK, N.A. - EDWARD LANE, SVP**  
**2 SOUTH BROADWAY**  
**ST. LOUIS, MO 63102**