



## Mississippi Restaurant Association Education Foundation Scholarship Application

I am applying for the following scholarship (check one)

- ProStart Scholarship (High School Students Only)  
 Tom Cook Memorial Scholarship  
 Steve Mattison Over and Beyond Scholarship

### Personal Information

Student Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Personal email address \_\_\_\_\_

### School Information

High School Attended \_\_\_\_\_ Phone Number \_\_\_\_\_  
Grade Point Average \_\_\_\_\_ Class Rank \_\_\_\_\_  
Graduation Date \_\_\_\_\_

### ProStart National Certification

- A copy of my National ProStart Certificate is enclosed  
 I have earned my National ProStart Certification but do not have a copy  
 I will have earned my 2018 National Certification by August 15, 2018  
 I did not participate in the ProStart Program

College/ University/ Culinary School Enrolled \_\_\_\_\_ Current GPA \_\_\_\_\_  
Address of Financial Aid Office \_\_\_\_\_  
Phone Number of Financial Aid Office \_\_\_\_\_  
Name of Program Enrolled \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

*I have provided the MRAEF with accurate information concerning all questions on this application. I agree to report to the MRAEF any changes that could affect consideration of my application. I understand that failure to provide valid and complete information could result in the withdrawal of all financial assistance previously made by the MRAEF.*

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

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Return along with 750 word essay "How Will I Impact the Restaurant Industry" to:

**MRAEF**  
**130 Riverview Dr. Suite A**  
**Flowood, MS. 39232**