

EDMSSA SCHOLARSHIP APPLICATION FORM

Date: _____

Applicant Information

Full Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

Eligibility Verification

Check one:

I am an employee of an EDMSSA member company

I am an immediate family member of an employee of an EDMSSA member company

Name of Member Company: _____

Name of Employee (if applicant is a family member): _____

Educational Information

Institution you plan to attend: _____

Type of institution:

College/University

Technical Institute

Vocational/Trade School

Program or field of study: _____

Expected start date: _____

Financial Need

Please provide a brief description of your financial need or attach supporting documentation.

Required Essay

Please attach a written essay (500–750 words) addressing the following:

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- Why you are interested in the wireless telecommunications field?
- How this scholarship will support your educational and career goals?

Certification

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that scholarship funds must be used solely for tuition at an accredited institution.

Name: _____

Signature: _____

Date: _____

EDMSSA Member Sponsor

Name: _____

Signature: _____

Date: _____